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Bedfordshire County Council

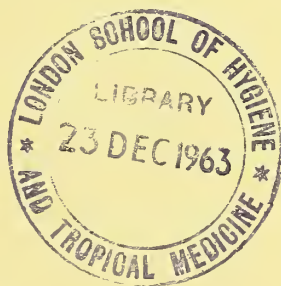
REPORT

of the

Medical Officer of Health

for

1962





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To the Chairman and Members of the Bedfordshire County Council

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Report on the Health Services for the year 1962.

There was one change in the medical *staff*, Dr. L. G. Nicol replacing Dr. G. Slocombe who secured an appointment elsewhere. In the dental service Mr. J. E. Cruickshank was appointed to fill one of the vacancies which existed and two appointments of Dental Auxiliaries were made—Miss J. Morley and Miss G. Watts. The usefulness of this type of officer is already clear. While there were some shortages in all three of the nursing services, the lack was most severely felt in the Health Visiting service. Recruitment to that service is difficult, and it is a disturbing fact that fifteen of the present staff are due to retire during the next three years.

“The *Population* of the County continues to increase. In 1951 it was 311,937. The 1961 Census showed it to be 380,704, an increase of 68,767 in ten years, and it seems to be growing at the rate of 1.9 per cent a year. If that rate is maintained it will reach 500,000 in the year 1975.” The foregoing is an extract from the 1961 Report. More recent official estimates show that at the 30th June, 1961, the population was 384,190 and at the 30th June, 1962 it was 395,990. The official estimate for 1972 is 492,990. The increase will bring with it problems of staff and buildings, and, in fact, the pressure is already being felt.

The *Vital Statistics* compare favourably with those for England and Wales. The increased Birth Rate is noteworthy. At 22.2 it is higher than at any time since 1920, when it was 22.4. The national rate has also increased but only to 18.0. The illegitimate birth rate has risen to 6.1 per cent of the total live births; the national figure is 6.4. For the first time in Bedfordshire there was no maternal death. The infant mortality rate, however, rose to 21.4, which is the same as that for England and Wales.

As to *Causes of Death*, perhaps the most significant fact is the increase in the number of deaths from lung cancer. In 1950, 71 men

ed from this cause; in 1962 the number was 163. The Health Department has done much work, particularly amongst school-children, in pointing out the dangers of smoking.

A fairly complete description of the *Services* is given in the text of the Report. Generally, it can be said that they were well maintained, but with the rapidly increasing population and some difficulty recruiting certain classes of officer adjustments were necessary.

During the year the Council formulated its *Ten-Year Health and Welfare* plan for the development of community care. Broadly speaking the plan deals with the following classes of persons—mothers and young children, the elderly, the mentally disordered, and the physically handicapped. Some of the classes concern both Health and Welfare Committees. Indeed, as the Minister of Health said recently, “Community care cannot develop as it should unless the unity of Health and Welfare services is everywhere recognised and always remembered. Indeed the dividing line is administrative and statutory fiction rather than a demarcation existing in real life”.

The Health Committee part of the plan included proposals for capital projects and increased staff. For 1962/1963 the capital projects comprised one ambulance station, four medical centres, two adult training centres, one home for the elderly mentally infirm, a widows’ hostel, and some extensions to existing premises. For the year 1963/1964, three medical centres, one ambulance station and one home for elderly mentally infirm were included. The proposals with regard to staff took account of the rising population, especially the number of children and elderly, and the increasing amount of community care which will be required.

It is important to appreciate that the proposals are to be reviewed annually and on each occasion carried forward one year, and that they do not represent firm financial commitments. They are to be regarded rather as a valuable indication of the directions in which authorities intend to develop their services and the rate of progress they hope to achieve. Already some changes of plan have had to be made.

The plans of all Local Health and Welfare Authorities have been analysed and the results have just been published in “Health and Welfare, The Development of Community Care” (Cmnd. 1973).

Some observations on the analyses have been made by the Ministry of Health. The more important of these are : — (a) during the next twenty years the numbers of people aged 65 and over will increase by 32.5 per cent ; (b) at some point in the coming decade there will be a reduction in the actual number of confinements taking place at home ; (c) the broadening of the scope of health visitors' work may be expected to continue ; (d) few areas will be overstaffed with home nurses with a ratio of 0.18 to 0.19 per 1,000 of the population ; (e) in the case of home helps, a ratio of 0.73 per 1,000 in 1972 may be too low ; (f) there is likely to be needed a greater number of places in training centres, both for mentally subnormal children and mentally subnormal adults ; (g) there will be a considerably increased requirement over the next ten years in terms of ambulances and staff, with the requisite stations ; (h) with the fuller development of care in the community there is likely in the future to be even more scope for the activities of voluntary organisations. The points made by the Ministry and the facts on which they are based will need to be considered carefully at each annual revision, but always with due regard to local circumstances.

There has also been a recent revision of "A Hospital Plan" (Cmnd. 1604). The purpose of the plan is to give to the hospital service both the physical equipment and also the pattern and setting which will everywhere place the most modern treatment at the service of patients. The revision contains changes necessitated mainly by the increase of population. It seems worthwhile restating that "the plan for the development of the hospital service is complementary to the expected development of the services for prevention and for care in the community, and a continued expansion of those services has been assumed in the assessment of the hospital provision to be aimed at".

Some of the future activities of the Health Committee are adumbrated above, but consideration will also have to be given to the medical administrative arrangements necessary as a result of the grant of County Borough status to Luton, and the impending review of County Districts. There are, moreover, the problems which will arise from the proposed fluoridation of water supplies and the possibility of more London overspill.

Once more, I have occasion to thank the Chairman and Members of the Health Committee for the sympathetic consideration they have

en to the suggestions put before them. With regard to voluntary organisations, their importance is recognised at the highest official level. In this County they continue to give a considerable amount of help. Amongst their activities are the Hospital Car Service, Medical Comforts Depots, Chiropody, work with unmarried mothers, and the promotion of clubs, particularly for the mentally handicapped. I acknowledge their help with gratitude. Lastly, I express my thanks to the members of the staff, both professional and lay. It is appropriate on this occasion to make special mention of Miss W. Frost, the County Nursing Officer, and Miss E. Martin, the County Superintendent Health Visitor, and their nurses, who, during a period of considerable difficulty, managed to maintain a very satisfactory standard of service.

I have the honour to be,

Your obedient servant,

W. C. V. BROTHWOOD,
County Medical Officer of Health.

HEALTH DEPARTMENT,
DENIX CHAMBERS,
HIGH STREET,
BEDFORD.

Telephone : Bedford 68211.
May, 1963.

COUNTY HEALTH COMMITTEE

Chairman : Alderman H. R. Waller, M.B.E., J.P., D.L.

Vice-Chairman : Alderman T. E. S. Lloyd, M.A., M.B., B.Chir.

Ex-Officio : Alderman E. K. Martell

Alderman S. Whitbread, J.P.

Aldermen

L. Chambers
Miss D. M. Mann

W. G. Matthews
Mrs. A. Urwin

Councillors

J. A. Allison
Mrs. E. M. Chapman
Mrs. D. Clarke, J.P.
G. W. Cooper
C. H. Griffin
J. Hallworth
F. A. Jarvis
G. E. Jones
W. J. Martin

P. G. Miller
E. W. Shafto Hilton
C. Sheffield
J. Simpson
D. W. Smith
R. T. Webb
Miss J. Williams
J. Wynn Williams

Co-opted Members

Medical Committee of the Bedfordshire Executive Council :

S. Seed, M.A., M.R.C.S., L.R.C.P.

J. G. Williams, M.R.C.S., L.R.C.P.

Dental Committee for Bedfordshire : G. W. Allen, L.D.S.

Pharmacists Committee for Bedfordshire : F. G. Bull, M.P.S.

Bedford Group Hospital Management Committee :

N. R. Wynn-Williams, M.D., M.R.C.P.

Luton and Hitchin Group Hospital Management Committee :

Mrs. L. J. Aylett

Women's Voluntary Services : Mrs. G. Griffiths

St. John Ambulance Brigade and British Red Cross Society :

Mrs. R. L. Field

Federation of Trades Councils : A. A. Orr

Bedfordshire Executive Council : H. J. Weller, J.P.

Divisional Committee Chairmen

North-Eastern : Councillor J. Wynn Williams

Southern : Councillor C. Sheffield

COUNTY HEALTH STAFF, 1962

County Medical Officer of Health

W. C. V. BROTHWOOD, M.A., M.D., D.P.H.

Deputy County Medical Officer of Health and North-Eastern Divisional Medical Officer

H. S. BURY, M.R.C.S., L.R.C.P., D.P.H.

Southern Divisional Medical Officer

A. R. DARLOW, T.D., M.B., B.S., M.R.C.S., L.R.C.P.,
D.P.H., D.T.M. & H., D.C.H.

Assistant County Medical Officers and School Medical Officers

BRENDA N. AKEROYD, M.R.C.S., L.R.C.P.

M. ELIZABETH BUCKLEY, M.B., B.Ch., D.P.H.

DORA S. JAMES, M.B., B.S., D.Obst. R.C.O.G.

L. G. NICOL, M.R.C.S., L.R.C.P., D.P.M., D.P.H. (apptd. 1.2.62)

IRENE E. SANDFORD, M.R.C.S., L.R.C.P., D.P.H.

CICELY STEER, M.B., B.S., D.C.H.

Chest Physicians (part-time)

J. B. SHAW, M.D., D.P.H.

N. R. WYNN-WILLIAMS, M.D., M.R.C.P.

Senior Dental Surgeon

R. B. T. DINSDALE, L.D.S.

Dental Surgeons

MARGARET A. ARMSTRONG, L.D.S.R.C.S. (Edin.) (part-time)

J. E. CRUICKSHANK, L.D.S. (apptd. 15.10.62)

A. A. GARDNER, B.Dent.Sc.

FRANCES D. MORRIS, L.D.S.R.F.P.S. (Glas.) (part-time)

Superintendent Nursing Officer

WINNIE FROST, S.R.N., S.C.M., H.V's. Cert.

STAFF—continued

Superintendent Health Visitor

EDITH L. MARTIN, S.R.N., S.C.M., H.V's. Cert.

County Health Inspector

R. E. N. THOMAS, T.D., F.R.S.H., M.A.P.H.I., M.R.I.P.H.H.

County Analyst

J. S. LEA, B.Sc., F.R.I.C.

Health Education and Statistics Officer

C. J. GUY, D.P.A., F.S.S., M.I.H.E.

Chief Mental Welfare Officer

C. W. FRENCH, A.A.P.S.W.

Assistant Chief Mental Welfare Officer

E. F. K. KING, A.A.P.S.W.

Occupational Therapist

DAPHNE SMITH, M.A.O.T.

Chiropodist

J. BEAUMONT, M.Ch.S.

County Ambulance Superintendent

J. P. WILLEY, M.B.E., F.I.A.O.

Chief Clerk

S. P. MARRIOTT

SECTION I



STATISTICS

EXTRACTS FROM VITAL STATISTICS FOR 1962

LIVE BIRTHS :

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	4,203	4,041	8,244
Illegitimate	...	...	...	291	247	538
				4,494	4,288	8,782

Crude live birth rate per 1,000 estimated home population 22.2

Illegitimate live births per cent of total live births ... 6.1

STILLBIRTHS :

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	65	76	141
Illegitimate	...	...	...	3	8	11
				68	84	152

Stillbirth rate per 1,000 total (live and still) births ... 17.0

Total number of live and stillbirths ... 8,934

INFANT DEATHS :

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	91	86	177
Illegitimate	...	...	...	6	5	11
				97	91	188

Infant mortality rate (all infant deaths per 1,000 live births) 21.4

Legitimate infant mortality rate ... 21.5

Illegitimate infant mortality rate ... 20.4

NEO-NATAL DEATHS*:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	67	63	130
Illegitimate	...	...	...	4	5	9
				71	68	139

Neo-natal mortality rate per 1,000 live births ... 15.8

Early neo-natal mortality rate (i.e. deaths under one week) 14.7

Perinatal mortality rate (stillbirths and deaths under one week per 1,000 total births) ... 31.5

* Within first four weeks of life.

MATERNAL DEATHS :

No. of deaths ...	...	...	...	...	...	...	—
Maternal mortality rate per 1,000 live and stillbirths	...						—

GENERAL INFORMATION

The area of the geographical and administrative County at the end of 1962 was approximately 302,940 acres (474 square miles). Its greatest length is from North to South and is $36\frac{1}{2}$ miles ; its greatest breadth is $22\frac{1}{2}$ miles from East to West. The County contains no County Boroughs but includes the three Non-County Boroughs of Bedford, Dunstable and Luton. There are, in addition, five Urban Districts and four Rural Districts.

At the 1st April, 1962, the rateable value was £5,711,409. The product of a penny rate for 1961-62 was, for general County purposes, £23,054. The estimated figure for 1962-63 is £23,782.

POPULATION

NOTE.—The statistical information contained in the remainder of this Section is based on figures supplied by the Registrar General.

The statistics issued by the Registrar General for 1962 comprise figures relating to resident civilians and members of the armed forces stationed in the area. The population figures thus obtained are referred to as “home populations”. The estimated home populations of the County Districts at the 30th June, 1962, were as follows :—

Administrative County	...	...	395,990
Urban Districts	...	...	263,940
Ampthill	...	...	4,020
Bedford M.B.	...	...	64,740
Biggleswade	...	...	8,460
Dunstable M.B.	...	...	26,480
Kempston	...	...	9,370
Leighton Buzzard	...	...	12,060
Luton M.B.	...	...	134,820
Sandy	...	...	3,990
Rural Districts	...	...	132,050
Ampthill	...	...	27,110
Bedford	...	...	34,460
Biggleswade	...	...	29,390
Luton	...	...	41,090

BIRTHS

8,782 live births attributable to Bedfordshire residents were registered during 1962. The distribution of these births among the County Districts is shown in Table I.

As the number of births in any area is largely governed by the number of married women of child-bearing age, it follows that crude birth rates, which are calculated as the number of births per 1,000 of the population, are not comparable unless the sex and age structure of the population concerned is the same. To overcome this difficulty the Registrar General has calculated a birth comparability factor for each district. When the crude rate is multiplied by this factor, an *adjusted birth rate* is obtained which is comparable with the adjusted birth rate of any other area in the same year. The crude and adjusted birth rates based on the *home* populations for each of the county districts are shown in Table I.

Table II shows the crude birth rates for the Urban and Rural areas of the County, for the County as a whole, and for England and Wales during the last nineteen years. These rates are based on *civilian* populations for the years 1944-49 and on *home* populations for the years since.

The crude birth rate for the County in 1962 was 22.2, compared with 20.5 in 1961. This is higher than at any time since 1920 when the rate was 22.4. The national rate again increased, being 18.0 in 1962 compared with 17.4 in the previous year.

ILLEGITIMATE BIRTHS

There were 538 illegitimate live births registered in 1962. These constituted 6.1 per cent of the total live births, compared with 5.3 per cent in 1961. Of the 152 stillbirths, 11 were illegitimate. During the year 11 illegitimate infants under one year of age died, giving an illegitimate infant mortality rate of 20.4 per 1,000 illegitimate live births. The figures are, however, so small that no great significance can be attached to them. The legitimate infant mortality rate was 21.5.

DISTRICTS	LIVE BIRTHS					DEATHS OF INFANTS UNDER 1 YEAR OF AGE				STILLBIRTHS			
	Legitimate	Ille- gitimate	Total	Crude Rate per 1,000 Home Pop.	Adjusted Rate	Legitimate	Ille- gitimate	Total	Rate per 1,000 live births	Legitimate	Ille- gitimate	Total	Rate per 1,000 total births (live and still)
URBAN:													
Amphill ..	82	2	84	20.9	20.1	—	6	46	—	27	5	32	—
Bedford M.B. ..	1,326	136	1,462	22.6	21.7	40	—	3	31.5	2	—	2	21.4
Biggleswade ..	123	5	128	15.1	14.5	9	—	9	23.4	12	—	12	15.4
Dunstable M.B. ..	555	24	579	21.9	19.5	1	—	1	15.5	—	—	—	20.3
Kempston ..	150	7	157	16.8	17.4	4	—	4	6.4	6	2	8	—
Leighton Buzzard ..	294	9	303	25.1	22.9	64	1	65	13.2	50	2	52	25.7
Luton M.B. ..	2,832	234	3,066	22.7	21.6	—	—	—	21.2	—	—	—	16.7
Sandy ..	63	1	64	16.0	16.4	—	—	—	—	—	—	—	—
TOTALS ..	5,425	418	5,843	22.1	21.0	121	7	128	21.9	97	9	106	17.8
RURAL:													
Amphill ..	519	14	533	19.7	19.5	6	2	8	15.0	11	—	11	20.2
Bedford ..	676	26	702	20.4	24.0	15	1	16	22.8	9	—	9	12.7
Biggleswade ..	531	24	555	18.9	19.8	7	—	7	12.6	7	1	8	14.2
Luton ..	1,093	56	1,149	28.0	23.8	28	1	29	25.2	17	1	18	15.4
TOTALS ..	2,819	120	2,939	22.3	22.3	56	4	60	20.4	44	2	46	15.4
GRAND TOTALS ..	8,244	538	8,782	22.2	21.3	177	11	188	21.4	141	11	152	17.0

TABLE II—BIRTH, INFANT MORTALITY AND STILLBIRTH RATES FOR URBAN AND RURAL AREAS OF COUNTY,
WHOLE COUNTY AND ENGLAND AND WALES 1944-62

YEAR	CRUDE BIRTH RATES PER 1,000 POPULATION*				INFANT MORTALITY RATES				STILLBIRTH RATES			
	Urban Districts	Rural Districts	Whole County	England and Wales	Urban Districts	Rural Districts	Whole County	England and Wales	Urban Districts	Rural Districts	Whole County	England and Wales
1944	21.8	18.9	20.9	19.9	34.3	37.8	35.2	45.4	27.9	30.6	28.7	27.7
1945	18.9	17.2	18.4	17.8	33.4	35.8	34.1	46.0	27.0	25.3	26.5	27.6
1946	19.3	18.3	19.0	20.2	35.2	32.7	34.5	42.9	31.6	24.3	29.6	27.2
1947	20.9	19.5	20.5	21.1	32.1	27.0	30.7	41.4	21.2	23.5	21.8	24.1
1948	17.6	17.4	17.5	18.1	29.2	31.4	29.8	33.9	20.3	18.2	19.7	23.2
1949	16.3	17.3	16.7	16.9	27.2	25.4	26.6	32.4	23.5	24.2	23.7	22.7
1950	15.6	15.4	15.5	15.9	24.0	28.2	25.3	29.6	26.9	24.9	26.3	22.6
1951	15.7	14.0	15.2	15.5	28.3	22.8	26.6	29.7	23.6	23.6	23.6	23.0
1952	14.9	14.2	14.6	15.3	23.2	26.1	24.1	27.6	23.0	24.2	23.3	22.7
1953	15.2	14.7	15.0	15.5	26.8	19.6	24.5	26.8	24.1	19.8	22.7	22.4
1954	15.3	15.4	15.3	15.2	26.7	26.1	26.5	25.4	26.6	20.0	24.4	23.5
1955	15.2	15.8	15.4	15.0	18.2	17.8	18.0	24.9	21.3	16.3	19.7	23.2
1956	17.0	15.4	16.5	15.7	22.1	22.6	22.2	23.8	21.3	26.1	22.8	23.0
1957	17.5	17.5	17.5	16.1	22.3	24.5	23.0	23.1	20.6	23.4	21.5	22.5
1958	18.9	17.1	18.3	16.4	17.4	19.7	18.1	22.6	19.3	15.2	18.1	21.6
1959	19.6	18.9	19.4	16.5	20.1	18.9	19.7	22.2	19.3	21.3	19.9	21.0
1960	21.0	19.4	20.5	17.1	18.3	22.1	19.5	21.9	19.3	17.4	18.7	19.8
1961	20.4	20.7	20.5	17.4	19.9	16.2	18.7	21.6	20.8	14.5	18.7	19.1
1962	22.1	22.3	22.2	18.0	21.9	20.4	21.4	21.4	17.8	15.4	17.0	18.1

*Civilian population to 1949; home population since.

STILLBIRTHS

The term stillbirth refers to any child born after the 28th week of pregnancy which did not, at any time after being completely expelled from its mother, breathe or show any other sign of life. It will be seen in Table I that there were 152 stillbirths attributable to Bedfordshire residents during 1962, giving a stillbirth rate of 17.0 per 1,000 total births (live and still), the lowest ever recorded. Table II shows the stillbirth rates for the Urban and Rural Areas of the County, for the County as a whole, and for England and Wales during the past nineteen years. Illegitimate stillbirths constituted 7.2 per cent of the total in 1962, compared with 7.3 per cent in 1961.

DEATHS

As has already been stated, the figures of population include service personnel stationed in the area. It follows, therefore, that the death of a Serviceman should be ascribed to the area in which he is stationed. Altogether, 3,853 deaths attributable to Bedfordshire were registered in 1962. Table III shows the age distribution of the deaths registered in the years 1948 to 1962.

TABLE III—AGE DISTRIBUTION OF DEATHS IN BEDFORDSHIRE, 1948-62

Year	Deaths in age groups						Total
	0—	1—	5—	15—	45—	65—	
1948	156	22	28	239	675	1,854	2,974
1949	134	39	23	245	726	2,108	3,275
1950	123	24	26	196	711	2,129	3,209
1951	129	27	16	195	748	2,231	3,346
1952	113	28	20	199	702	2,166	3,228
1953	118	14	11	178	671	2,094	3,086
1954	130	6	17	181	730	2,145	3,209
1955	90	18	11	163	800	2,340	3,422
1956	121	11	20	178	738	2,405	3,473
1957	135	19	14	161	801	2,292	3,422
1958	114	21	16	160	766	2,282	3,359
1959	134	12	24	193	771	2,413	3,547
1960	144	20	21	180	812	2,376	3,553
1961	147	23	15	162	811	2,473	3,631
1962	188	28	20	177	880	2,560	3,853

DEATH RATES

The death rate is calculated as the number of deaths per 1,000 of the home population. The rate for Bedfordshire in 1962 was 9.7 compared with 9.5 in 1961. Comparison of death rates of different districts is not valid unless the population structure of each is similar. For example, a district with a small population but containing a

residential institution for old people will have an unduly high proportion of deaths and consequently a high crude death rate. To overcome this difficulty and to enable local death rates to be compared, the Registrar General has supplied an Area Comparability Factor for each district. When the crude death rate is multiplied by this factor, an *adjusted death rate* is obtained which is comparable with the adjusted death rate of any other area or with the crude death rate of England and Wales *in the same year*. The crude death rates, area comparability factors and adjusted death rates of the County Districts and of England and Wales for 1962 are shown in Table IV.

TABLE IV—CRUDE DEATH RATES, AREA COMPARABILITY FACTORS, AND ADJUSTED DEATH RATES OF THE COUNTY DISTRICTS AND ENGLAND AND WALES, 1962

	Crude Death Rate per 1,000 Home Population	Area Comparability Factor	Adjusted Death Rate
Urban Districts	9.9	1.17	11.5
Amptill	11.2	0.82	9.2
Bedford M.B.	10.2	1.01	10.3
Biggleswade	13.9	0.75	10.5
Dunstable M.B.	8.1	1.38	11.2
Kempston	12.1	1.08	13.0
Leighton Buzzard	7.9	1.21	9.5
Luton M.B.	9.7	1.28	12.4
Sandy	11.3	0.97	10.9
Rural Districts	9.5	1.07	10.1
Amptill	11.1	0.98	10.8
Bedford	10.8	0.94	10.1
Biggleswade	10.4	0.91	9.5
Luton	6.6	1.51	9.9
Admin. County	9.7	1.14	11.1
England and Wales	11.9	—	—

CAUSES OF DEATH

The causes of death in each District of the County are shown in Table V. Table VI shows the age and sex distribution of the deaths from the various causes in the Urban and Rural Areas of the County. In order to bring out the relative importance of the principal diseases from a mortality point of view, Table VII has been prepared, showing the actual number of deaths from these diseases and from accidents of all kinds in 1962, together with the percentages of the total number of deaths attributable to them. The corresponding percentages for 1960 and 1961 are also shown.

TABLE V.—CAUSES OF DEATH IN EACH DISTRICT OF BEDFORDSHIRE, 1962

CAUSE OF DEATH	Administrative County	URBAN DISTRICTS									RURAL DISTRICTS				
		Ampthill	Bedford	Biggleswade	Dunstable	Kempston	Leighton Buzzard	Luton	Sandy	TOTAL	Ampthill	Bedford	Biggleswade	Luton	TOTAL
1. Tuberculosis, Respiratory	13	—	3	—	1	—	—	3	—	7	1	1	3	1	6
2. Tuberculosis, Other	2	—	—	—	—	—	—	—	—	—	1	—	1	—	2
3. Syphilitic Disease	11	—	2	—	—	2	—	6	—	10	1	—	—	—	1
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	3	—	—	—	1	—	—	—	—	1	—	—	—	2	2
7. Acute Poliomyelitis	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	7	—	2	1	1	—	—	1	—	5	1	1	—	—	2
Malignant Neoplasm—															
10. Stomach	87	—	6	5	4	5	4	22	1	47	12	10	11	7	40
11. Lung, Bronchus	197	—	40	3	11	4	8	76	5	147	9	15	17	9	50
12. Breast	77	1	15	—	3	4	3	26	1	53	6	3	7	8	24
13. Uterus	28	—	8	1	2	3	—	4	—	18	1	5	2	2	10
14. Other Malignant and Lymphatic Neoplasms	361	6	57	8	20	11	16	120	4	242	25	44	25	25	119
15. Leukaemia, Aleukaemia	17	—	2	—	—	—	1	4	—	7	2	4	2	2	10
16. Diabetes	37	—	4	3	2	—	1	8	2	20	5	8	1	3	17
17. Vascular Lesions of Nervous System	595	9	101	20	27	20	11	224	7	419	64	52	31	29	176
18. Coronary Disease, Angina	695	12	133	22	39	14	17	214	12	463	57	81	47	47	232
19. Hypertension with Heart Disease ..	46	—	5	1	2	2	2	20	—	32	2	6	5	1	14
20. Other Heart Disease	407	9	60	15	23	18	7	125	1	258	36	39	44	30	149
21. Other Circulatory Disease	160	1	21	3	12	3	1	65	2	108	7	11	16	18	52
22. Influenza	11	—	3	—	—	1	—	3	—	7	2	—	1	1	4
23. Pneumonia	205	—	31	6	7	5	5	74	3	131	15	16	29	14	74
24. Bronchitis	191	2	39	6	7	5	4	71	2	136	11	14	21	9	55
25. Other Diseases of Respiratory System	37	1	3	1	1	1	—	15	1	23	4	3	3	4	14
26. Ulcer of Stomach and Duodenum ..	32	—	4	1	2	—	1	14	1	23	2	3	2	2	9
27. Gastritis, Enteritis and Diarrhoea ..	18	—	4	2	2	1	—	4	—	13	—	1	2	2	5
28. Nephritis and Nephrosis	11	—	—	1	—	—	—	8	—	9	1	1	—	—	2
29. Hyperplasia of Prostate	19	1	1	—	2	2	1	7	—	14	—	1	1	3	5
30. Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Malformations	44	—	15	2	2	—	—	11	—	30	2	6	2	4	14
32. Other Defined and Ill-defined Diseases	353	1	65	12	24	6	9	130	—	247	20	30	19	37	106
33. Motor Vehicle Accidents	57	1	10	1	5	2	—	18	—	37	8	6	1	5	20
34. All Other Accidents	90	1	22	3	8	2	1	20	3	60	4	9	12	5	30
35. Suicide	39	—	5	1	7	2	3	17	—	35	1	2	1	—	4
36. Homicide and Operations of War ..	2	—	2	—	—	—	—	—	—	2	—	—	—	—	—
TOTALS: ALL CAUSES	3,853	45	663	118	215	113	95	1,311	45	2,605	300	372	306	270	1,248

TABLE VI—CAUSES OF DEATH IN URBAN AND RURAL AREAS OF BEDFORDSHIRE, 1962, DIVIDED ACCORDING TO SEX AND AGE

CAUSE OF DEATH	URBAN DISTRICTS																	RURAL DISTRICTS																		
	MALES									FEMALES								MALES									FEMALES									
	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total
1. Tuberculosis, Respiratory	—	—	—	—	1	—	2	1	4	—	—	—	—	1	1	1	—	3	—	—	—	—	—	4	1	1	6	—	—	—	—	—	—	—	—	—
2. Tuberculosis, Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—	
3. Syphilitic Disease	—	—	—	—	1	3	—	1	5	—	—	—	—	—	—	3	2	5	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—		
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. Acute Poliomyelitis	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Other Infective and Parasitic Diseases	—	—	—	1	1	1	—	—	3	—	—	—	—	—	—	—	2	2	—	—	—	—	1	—	—	1	2	—	—	—	—	—	—	—	—	
Malignant Neoplasm—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
10. Stomach	—	—	—	1	2	9	6	6	24	—	—	—	—	—	5	3	15	23	—	—	—	—	—	5	8	7	20	—	—	—	—	—	2	10	8	
11. Lung, Bronchus	—	—	—	—	2	67	33	16	118	—	—	—	—	3	12	8	6	29	—	—	—	—	2	26	14	3	45	—	—	—	—	—	4	1	—	
12. Breast	—	—	—	—	—	—	—	—	—	—	—	—	—	8	23	7	15	53	—	—	—	—	—	—	—	—	—	—	—	—	—	4	8	5		
13. Uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	1	7	4	6	18	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	3		
14. Other Malignant and Lymphatic Neoplasms	—	—	—	2	7	37	40	35	121	—	1	1	—	9	28	33	49	121	—	—	1	—	2	19	23	25	70	—	—	—	—	4	15	13		
15. Leukaemia, Aleukaemia	—	1	1	—	—	1	—	—	3	1	—	—	—	1	1	1	—	4	—	1	—	—	1	2	2	—	6	—	1	—	—	—	3	—		
16. Diabetes	—	—	—	1	1	—	—	1	3	—	—	—	—	—	2	6	9	17	—	—	—	—	—	—	3	2	5	—	—	—	—	—	1	5		
17. Vascular Lesions of Nervous System	—	—	—	—	5	28	53	81	167	—	—	—	—	4	30	62	156	252	—	—	1	—	1	11	18	45	76	—	—	—	—	—	12	22		
18. Coronary Disease, Angina	—	—	—	—	8	108	80	77	273	—	—	—	—	1	25	58	106	190	—	—	—	—	3	54	42	42	141	—	—	—	—	—	24	21		
19. Hypertension with Heart Disease	—	—	—	—	1	3	2	5	11	—	—	—	—	—	3	5	13	21	—	—	—	—	—	1	3	5	9	—	—	—	—	—	1	2		
20. Other Heart Disease	—	—	—	—	2	19	17	50	88	—	—	—	—	6	12	22	130	170	—	—	—	—	2	8	12	29	51	—	—	—	—	1	8			
21. Other Circulatory Disease	—	—	—	—	1	18	16	14	49	—	—	—	—	—	16	10	33	59	—	—	—	—	1	2	7	9	19	—	—	—	—	2	2			
22. Influenza	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	1	5	6	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—			
23. Pneumonia	9	—	2	—	—	6	11	23	51	7	3	1	—	1	11	10	47	80	3	—	—	—	—	4	12	14	33	4	1	—	—	4	10			
24. Bronchitis	2	—	—	—	—	27	33	33	95	—	2	—	—	—	4	8	27	41	—	—	—	—	—	17	12	8	37	—	—	—	—	4	7			
25. Other Diseases of Respiratory System	2	—	—	—	2	2	5	8	19	1	—	—	—	—	—	—	3	4	1	—	—	—	—	2	3	2	8	2	—	1	—	2	1			
26. Ulcer of Stomach and Duodenum	—	—	—	—	—	7	2	4	13	—	—	—	—	—	1	1	8	10	—	—	—	—	—	2	1	4	7	—	—	—	—	1	1			
27. Gastritis, Enteritis and Diarrhoea	1	—	—	2	—	—	—	2	5	1	—	—	—	1	1	3	2	8	1	2	—	—	—	—	—	—	3	—	—	—	—	1	1			
28. Nephritis and Nephrosis	—	—	—	—	1	1	3	1	6	—	—	—	—	1	—	1	1	3	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—			
29. Hyperplasia of Prostate	—	—	—	—	—	2	4	8	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	4	5	—	—	—	—	—	—			
30. Pregnancy, Childbirth, Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
31. Congenital Malformations	13	1	2	—	—	1	—	—	17	8	2	—	—	1	1	—	1	13	5	2	—	—	1	—	—	—	8	5	—	—	—	—	—			
32. Other Defined and Ill-defined Diseases	43	2	—	—	6	24	15	18	108	37	—	2	1	3	17	20	59	139	14	2	1	1	4	4	3	11	40	22	2	—	—	1	3			
33. Motor Vehicle Accidents	—	1	2	7	8	8	2	1	29	—	1	—	1	4	—	—	2	8	—	—	2	3	7	4	1	2	19	—	—	—	1	—	—			
34. All Other Accidents	2	—	2	1	3	11	2	8	29	1	1	—	—	2	1	6	20	31	—	1	1	1	3	3	3	1	13	2	—	—	—	4	—			
35. Suicide	—	—	—	1	3	8	2	3	17	—	—	—	1	3	11	1	2	18	—	—	—	—	—	3	—	—	3	—	—	—	—	1	—			
36. Homicide and Operations of War	—	—	—	—	1	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
TOTALS: ALL CAUSES	72	5	9	16	57	393	328	396	1,276	56	10	4	3	50	212	275	719	1,329	25	9	6	5	30	172	168	218	633	35	4	1	1	15	103	132		

TABLE VII—NUMBER OF DEATHS FROM PRINCIPAL FATAL DISEASES AND ACCIDENTS IN 1962, TOGETHER WITH PERCENTAGES OF THE TOTAL NUMBER OF DEATHS ATTRIBUTABLE TO THESE CAUSES IN 1960-62

	No. of deaths in 1962	Percentage of total deaths in 1962	Corresponding Percentage in	
			1961	1960
Heart Disease	1,148	29.8	29.3	29.9
Cancer (including Leukaemia)	767	19.9	19.1	20.0
Cerebral Haemorrhage, etc. ..	595	15.4	17.4	16.7
Pneumonia	205	5.3	5.3	4.1
Inchitis	191	5.0	4.5	5.3
Other Circulatory Diseases ..	160	4.2	3.4	3.4
Accidents (all forms) ..	147	3.8	3.7	3.8

These seven causes have accounted for four-fifths of the deaths in the County in each of the past seven years. It will be seen that the order remained almost the same as in 1961. Heart Disease again topped the list, being responsible for nearly one-third of all deaths.

ACCIDENTS

Once again accidents of all kinds caused the deaths of over one hundred Bedfordshire residents in 1962. Of the 57 victims of motor vehicle accidents, all but nine were males, half of them between 15 and 25 years of age. There were 90 deaths due to other accidents, 42 males and 48 females. Half the males were aged 25-64 years, whereas three-quarters of the females were 65 years or over. Many of the accidents to elderly people occur in the home.

TUBERCULOSIS

In 1962 there were, according to the Registrar General, 13 deaths from respiratory tuberculosis, giving a death rate of 3.3 per 100,000 of the population compared with 3.1 in 1961. The corresponding death rate for England and Wales in 1962 was 5.9 per 100,000.

There were two deaths from non-respiratory tuberculosis in 1962.

CANCER

Excluding the 17 deaths from leukaemia and aleukaemia, there were 750 deaths attributable to malignant neoplasms in 1962 compared with 673 in 1961. Over half the increase was accounted for by cancer of the lung and bronchus. Examination of Table VIII reveals some disturbing facts in the case of males. Whereas only

71 men died from cancer of the lung and bronchus in 1950, the figure in 1962 had risen to 163, more than twice as many. Yet the number of deaths from cancer of other sites hardly increased at all. Thus the percentage of male cancer deaths attributable to lung cancer has increased from 24.6 to 40.0. In 1962, lung cancer was responsible for one in 12 of all male deaths. Over half the lung cancer victims were in the age-group 45-64 years. Taking this age-group alone, one in six of all deaths was caused by lung cancer. These are men in the prime of life, often with family responsibilities.

The Royal College of Physicians early in 1962 restated the evidence linking lung cancer with cigarette smoking. Of those people who habitually smoke 20 or more cigarettes a day, one in eight dies from lung cancer; of non-smokers, only one in 300. Giving up smoking reduces the risk. One of the major problems of health education today is to change the general attitude towards smoking so that people will face up to the facts.

TABLE VIII—SEX-AGE DISTRIBUTION OF LUNG AND OTHER CANCER IN BEDFORDSHIRE, 1950-62

	MALES								FEMALES							
	0—	5—	15—	25—	45—	65—	75—	Total	0—	5—	15—	25—	45—	65—	75—	Total
LUNG, BRONCHUS																
1950 ..	—	—	—	2	51	14	4	71	—	—	—	—	4	8		
1951 ..	—	—	1	4	52	21	6	84	—	—	—	2	6	3		
1952 ..	—	—	—	5	59	27	10	101	—	—	—	—	6	4		
1953 ..	—	—	—	3	43	17	7	70	—	—	—	2	4	3		
1954 ..	—	—	—	5	49	34	10	98	—	—	—	1	8	5		
1955 ..	—	—	—	6	59	36	8	109	—	—	1	1	8	5		
1956 ..	—	—	—	7	51	24	17	99	—	—	—	2	6	6		
1957 ..	—	—	1	2	70	38	12	123	—	—	—	1	7	3		
1958 ..	—	—	—	6	57	35	15	113	—	—	—	—	7	6		
1959 ..	—	—	—	3	61	33	10	107	—	—	—	—	7	1		
1960 ..	—	—	—	1	85	31	15	132	—	—	—	3	9	7		
1961 ..	—	—	—	4	68	42	17	131	—	—	—	1	8	5		
1962 ..	—	—	—	4	93	47	19	163	—	—	—	3	16	9		
ALL OTHER SITES																
1950 ..	4	—	1	11	62	75	65	218	2	—	1	15	93	69		
1951 ..	2	1	1	14	74	64	58	214	3	3	2	24	82	73		
1952 ..	4	—	1	19	65	62	73	224	1	—	—	19	102	54		
1953 ..	1	1	2	12	63	71	65	215	3	2	2	24	74	54		
1954 ..	1	2	1	16	68	58	74	220	—	3	4	18	106	72		
1955 ..	3	1	2	11	86	73	77	253	2	1	1	13	93	96		
1956 ..	2	2	1	12	59	63	70	209	—	4	—	23	105	82		
1957 ..	1	2	2	12	70	60	63	210	2	1	2	20	105	70		
1958 ..	1	2	2	7	81	62	70	225	1	2	2	17	110	89		
1959 ..	3	3	3	16	82	87	68	262	—	1	1	23	93	83		
1960 ..	1	2	1	16	82	71	80	253	2	—	3	24	99	72		
1961 ..	3	3	2	12	76	69	70	235	—	1	—	19	100	64		
1962 ..	2	2	3	12	73	79	73	244	3	1	—	29	95	79		

* Including leukaemia and aleukaemia.

MATERNAL MORTALITY

In 1962, for the very first time, there was not one death attributable to maternal causes registered.

INFANT MORTALITY

During 1962, 188 infants under one year of age died, 129 within the first week and 139 within the first four weeks of life. The distribution of infant deaths amongst the County Districts is shown in Table I on page 13. The number of such deaths per 1,000 live births registered during the year constitutes the Infant Mortality Rate. The rates for the individual districts are also shown in the Table. It should be borne in mind, however, that the figures are so small in some cases that the rate calculated may not be truly significant. Table II on page 14 shows the Infant Mortality Rates for the Urban and Rural Areas, for the County as a whole, and for England and Wales for the past nineteen years. The rate for the County was 21.4, compared with 18.7 in 1961, and was the same as the rate for England and Wales. Unfortunately, it was the highest for five years and is a cause for concern when one considers the lowest-ever figure for the County of 18.0 recorded in 1955. The causes and sex-distribution of the infant deaths registered in 1962 are set out in Table IX. Prematurity is included in "Other Causes".

TABLE IX—CAUSES OF INFANT DEATHS IN URBAN AND RURAL AREAS, 1962, SUBDIVIDED ACCORDING TO SEX

CAUSE	URBAN DISTRICTS		RURAL DISTRICTS		COUNTY	
	Male	Female	Male	Female	Male	Female
Aleukaemia, Leukaemia ..	—	1	—	—	—	1
Pneumococcal Infection ..	—	—	1	—	1	—
Pneumonia	9	7	3	4	12	11
Bronchitis	2	—	—	—	2	—
Other Respiratory Diseases	2	1	1	2	3	3
Enteritis, Enteritis and						
Diarrhoea	1	1	1	—	2	1
Congenital Malformations ..	13	8	5	5	18	13
Accidents	2	1	—	2	2	3
Other Causes	43	37	14	22	57	59
TOTALS	72	56	25	35	97	91

Perinatal Mortality is the combination of stillbirths and deaths within the first week of life expressed as a rate per 1,000 total (live and still) births. The rate for the County in 1962 was 31.5 compared with 31.4 in 1961.

POPULATION CENSUS, 1961

The detailed Census Report on Bedfordshire is still awaited but the populations of the parishes were published in March, 1963.

Parish Populations

Amphill R.D.

Aspley Guise	1,921
Aspley Heath	490
Battlesden	54
Clophill	1,056
Cranfield	2,501
Eversholt	450
Flitton	572
Flitwick	3,604
Gravenhurst	474
Harlington	862
Haynes	801
Higham Gobion	28
Houghton Conquest	875
Hulcote and Salford	207
Husborne Crawley	382

Lidlington	917
Marston Moretaine	1,928
Maulden	1,618
Millbrook	145
Milton Bryan	146
Potsgrove	69
Pulloxhill	648
Ridgmont	808
Shillington	2,787
Silsoe	672
Steppingley	243
Tingrith	114
Westoning	792
Woburn	840

Bedford R.D.

Biddenham	693
Bletsoe	235
Bolnhurst and Keysoe	583
Bromham	2,722
Cardington	308
Carlton and Chellington	550
Clapham	3,284
Colmworth	309
Cople	687
Dean and Shelton	309
Eastcotts	2,137
Eaton Socon	3,264
Elstow	629
Felmersham	376
Great Barford	788
Harrold	956
Kempston Rural	1,289
Knotting and Souldrop	258
Little Barford	68
Little Staughton	224
Melchbourne and Yelden	342
Milton Ernest	373

Oakley	62
Odell	24
Pavenham	45
Pertenhall	18
Podington	42
Ravensden	52
Renhold	73
Riseley	55
Roxton	59
Sharnbrook	1,05
Stagsden	40
Stevington	38
Stewartby	1,23
Swineshead	10
Thurleigh	53
Turvey	74
Wilden	33
Willington	51
Wilshampstead	1,09
Wootton	1,82
Wymington	77

eswade R.D.

esey	...	...	3,282
wick	...	...	35
nham	...	...	612
ampton	...	...	358
cksands	...	...	607
ton	...	...	1,354
ekayne Hatley	...	...	122
nton	...	...	437
worth	...	...	48
erton	...	...	215
worth	...	...	89
low	...	...	3,682
gford	...	...	1,379

Meppershall	...	...	725
Mogerhanger	...	...	561
Northill	...	...	1,446
Old Warden	...	...	457
Potton	...	...	2,070
Shefford	...	...	2,216
Southill	...	...	991
Stotfold	...	...	5,334
Sutton	...	...	292
Tempsford	...	...	494
Upper Stondon	...	...	79
Wrestlingworth	...	...	393

R.D.

ton-le-Clay	...	...	2,755
ington	...	...	633
ddington	...	...	4,921
lgrave	...	...	319
on Bray	...	...	1,509
ington	...	...	301
th and Reach	...	...	922
cliffe	...	...	497
ughton Regis	...	...	7,293
e	...	...	536

Kensworth	...	...	930
Stanbridge	...	...	625
Streatley	...	...	2,452
Studham	...	...	760
Sundon	...	...	6,392
Tilsworth	...	...	250
Toddington	...	...	3,227
Totternhoe	...	...	1,566
Whipsnade	...	...	574

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

ADMINISTRATION

The County Council are at present the Local Health Authority for the whole of the geographical County, but the Borough Councils of Bedford and Luton are authorities exercising delegated functions under the Local Government Act, 1958. All functions under the National Health Service Act, 1946, are delegated with the exception of the Ambulance Service and the care and after-care in residential accommodation of persons suffering from mental disorders.

The remainder of the County is divided into Divisions as follows :—

North-Eastern (with an office in Biggleswade) : comprising Ampthill Urban and Rural Districts ; Bedford Rural District ; Biggleswade Urban and Rural Districts ; Kempston Urban District ; Sandy Urban District.

Southern (with an office in Dunstable) : comprising Dunstable Borough ; Leighton Buzzard Urban District ; Luton Rural District.

For each Division there is a Divisional Committee to which is referred the day-to-day management of the following services : care of mothers and young children, health visiting, home nursing, domiciliary midwifery, domestic help, and vaccination and immunisation. Prevention of illness, care and after-care is administered divisionally to some extent. Each Divisional Committee has a medical adviser who is designated Divisional Medical Officer.

In addition to the Divisional Committee, there are three sub-committees responsible to the County Health Committee. They are the General Purposes Sub-Committee, which deals with the development of the services and matters of administration ; the Ambulance Sub-Committee ; and the Mental Health Sub-Committee.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care

The number of maternity cases supervised by hospitals and general medical practitioners has increased during recent years and this has brought with it a change in the function of ante-natal clinics provided by the Authority. At the end of 1962 there were only two ante-natal clinics conducted in the traditional way. There were, however, six clinics at which midwives saw their own patients. Figures of attendance are given in Table X.

There is even less demand for post-natal examinations which are carried out when required by the medical officers at the ante-natal clinics. Only six women attended during the year.

TABLE X—DETAILS OF ANTE-NATAL CLINICS IN THE COUNTY AND ATTENDANCES DURING 1962

Clinic	Medical Officers' Sessions	Midwives' Sessions*	Total number of women who attended during the year	Number of new cases seen during year	Total number of attendances
GGLESWADE— The Lawns, The Baulk (closed 24.7.62)	15	—	6	3	32
UNSTABLE— Health Centre, Kings- way	49	—	73	46	183
UGHTON BUZZARD— Bassett Road ..	25	—	33	15	78
LUTON— High St, Leagrave (opened 24.8.62)	—	18	193	134	589
Dallow Road ..	50	99	697	577	2,653
Farley Hill	—	26	137	104	454
Stopsley	—	74	673	474	2,678
Beechwood Road ..	—	56	350	298	945
Gooseberry Hill .. (opened 26.6.62)	—	27	262	185	895
HEFFORD— Digswell House .. (closed 24.7.62)	14	—	—	—	—
TOTFOLD— Unionist Club .. (closed 24.7.62)	15	—	—	—	—
TOTALS ..	168	300	2,424	1,836	8,507

*No Medical Officer in attendance.

The Luton Clinics are Midwives' Clinics, the midwives seeing their own patients.

Ante-natal work only part of the activities at these sessions.

Mothercraft and Relaxation

Although there is no longer the same need to provide ante-natal clinics as such, there is an increasing demand for information and instruction. Relaxation and mothercraft classes are provided, the instruction being given by specially trained staff. Mothercraft instruction covers pregnancy and confinement, preparations to be made at the arrival of the baby and care of the baby after it is born. The midwives and health visitors co-operate in this work and the film

"My First Baby" (which contains a sequence showing an actual birth) is shown regularly. In Bedford this film, together with others on child care, has been shown by request in the evening so that the husbands could attend. Details of the classes being held at the end of the year are given in Table XI.

TABLE XI—ATTENDANCES AT RELAXATION AND MOTHERCRAFT CLASSES, 1962

Clinic	No. of Sessions	No. of women who attended	Total No. of attendances
Bedford :			
Putnoe	25	62	261
Union Street	25	90	322
Clapham	9	9	40
Dunstable	137	218	1,410
Flitwick	7	15	38
Leighton Buzzard	51	88	569
Sundon Park	22	49	239
TOTALS	276	531	2,879

Premature Births

All infants weighing $5\frac{1}{2}$ lbs. or less at birth are regarded as being premature and they need the most skilled attention if they are to survive. The great majority are born in hospital. For those born and nursed at home, the Authority have available special cots with appropriate equipment for use when required. There is close co-operation with the hospital authorities. Where it is necessary for a premature baby to be admitted to hospital, arrangements have been made for nursing care *en route* and the equipment required for such a journey has been provided.

During 1962, of the 8,730 live births notified, 556 or 6.4 per cent were premature. Of these, 45 died within 24 hours and a further 25 by the end of 28 days so that 486 or 87.4 per cent survived 28 days. It will be seen from Table XII that just over half the premature babies weighed more than 4 lbs. 15 ozs. There were 69 premature stillbirths notified (58 in hospital), representing 48.3 per cent of all notified stillbirths.

The Unmarried Mother and Her Child

There were 538 illegitimate live births and 11 illegitimate stillbirths registered in 1962. It is not known how many, if any, multiple

TABLE 241. NUMBER OF PREMATURE BIRTHS NOTIFIED IN THE COUNTY DURING 1962, SHOWING WHERE BORN AND NURSED, AND SUBDIVIDED ACCORDING TO WEIGHT AND PERIOD OF SURVIVAL

	BORN AT HOME OR IN PRIVATE NURSING HOME							BORN IN HOSPITAL					Grand Total				
	Total	Nursed entirely at Home or in Nursing Home						Transferred to Hospital									
		3 lb. 4 oz. or less	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 5 lb. 15 oz.	Over 4 lb. 15 oz. to 5 lb. 8 oz.	TOTAL	3 lb. 4 oz. or less	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 5 lb. 15 oz.	Over 4 lb. 15 oz. to 5 lb. 8 oz.	TOTAL						
Died in first 24 hours ..	4	1	—	—	—	1	1	1	1	—	3	27	7	4	3	41	45
Died on 2nd day to 28th day	3	1	—	—	—	1	—	—	2	2	2	13	6	—	3	22	25
Survived 28 days ..	133	1	9	19	95	124	—	2	3	4	9	15	58	91	189	353	486
TOTALS ..	140	3	9	19	95	126	1	3	4	6	14	55	71	95	195	416	556

births were included. Assuming there were none, we can say there were 549 illegitimate pregnancies during the year. Little information is available concerning the ages of the mothers involved or of the circumstances attaching to the pregnancies. The figures do not include births where the mother married during pregnancy.

The ante-natal, midwifery and other services provided by the Authority are available to all expectant and nursing mothers, whether or not they are married. Additional care, where necessary, is provided for unmarried mothers and their babies by Diocesan bodies.

The St. Albans Diocesan Council for Moral Welfare, the constituent bodies of which provide an outdoor welfare service covering the whole County, receives substantial grants from the Local Health Authority. In addition, two Mother and Baby Homes are provided—"Widecombe" at Streatley, and Holt House in Bedford. These Homes provide accommodation for the periods immediately preceding and following confinement. During the year 85 girls were admitted and of these 12 were Bedfordshire girls for whom the Authority accepted financial responsibility. St. Faith's in Luton is a shelter provided by the South Bedfordshire Branch of the Diocesan Council for any girl who finds herself stranded and with nowhere to spend the night.

The Northampton Diocesan Catholic Child Protection and Welfare Society also does much good work in Bedfordshire, engaging in outdoor social work and arranging for unmarried mothers to be admitted to suitable homes.

During the year, the Authority approved 46 applications for financial assistance to enable unmarried expectant mothers resident in the County to be admitted to homes outside Bedfordshire.

Child Welfare Centres

At the end of 1962 there were 74 Child Welfare Centres in the County. Details are given in Table XIII. In the smaller villages where the number of children is never very large and tends to fluctuate centres sometimes have a limited life. Thus the Wrestlingworth Centre was closed during the year, but a new one was opened in Harlington. In some of the more rural areas, one clinic often serves two or more villages. Where there is not a convenient public service transport is provided by the Authority.

The popularity of Child Welfare Centres is very gratifying. Not only are dietary supplements and baby foods available for those who need them, but no less important are the opportunities for mothers to obtain sound advice concerning their children's health and progress for routine tests for the early detection of abnormalities, and for planning an immunisation programme.

TABLE XIII—DETAILS OF ATTENDANCES AT INFANT WELFARE CENTRES
DURING 1962

	No. of sessions during year	No. of children who attended during year				No. of attendances during year			
		Born in			Total	Age at date of attendance			Total
		1962	1961	1960-57		0-	1-	2-4	
..	51	76	62	56	194	1,505	429	392	2,326
..	26	42	68	53	163	753	237	43	1,033
..	25	28	24	54	106	381	140	304	825
..	31	123	99	57	279	1,774	369	101	2,244
venue..	101	122	147	111	380	2,753	533	302	3,588
oad*..	34	97	182	77	356	1,097	104	18	1,219
..	51	65	42	44	151	774	180	107	1,061
Road	51	80	79	56	215	1,353	373	224	1,950
..	96	270	216	165	651	3,769	675	294	4,738
rk ..	50	94	63	82	239	1,461	259	215	1,935
et* ..	68	269	61	46	376	3,552	284	100	3,936
..	51	116	132	87	335	2,410	641	114	3,165
..	13	10	10	8	28	71	40	63	174
..	50	84	69	79	232	1,734	395	233	2,362
..	49	92	84	89	265	1,853	503	366	2,722
..	52	74	87	82	243	1,878	278	171	2,327
..	13	24	21	18	63	163	74	84	321
..	26	31	30	28	89	416	156	203	775
ge ..	12	14	10	15	39	116	33	54	203
..	150	462	393	277	1,132	5,988	1,025	731	7,744
..	26	31	44	55	130	487	180	122	789
..	51	38	50	58	146	846	334	186	1,366
..	51	110	86	111	307	1,832	389	452	2,673
..	9	28	10	8	46	204	64	64	332
..	13	21	24	37	82	180	60	105	345
..	27	14	11	32	57	234	169	152	555
ach ..	26	15	23	38	76	340	194	199	733
F. ..	26	88	81	35	204	933	211	59	1,203
ge ..	26	26	21	34	81	401	90	47	538
nquest	13	15	11	21	47	212	80	115	407
gis ..	102	251	242	291	784	3,667	600	409	4,676
..	102	146	122	149	417	3,328	726	455	4,509
..	25	22	30	27	79	278	145	70	493
..	26	30	20	32	82	335	98	39	472
ard ..	127	281	225	218	724	4,731	1,079	549	6,359
..	25	10	7	12	29	120	61	116	297
..	101	351	288	288	927	4,089	638	360	5,087
t ..	51	195	128	75	398	2,356	336	153	2,845
d ..	75	338	303	208	849	3,376	349	261	3,986
..	51	89	116	128	333	2,000	300	141	2,441
ard	1,953	4,272	3,721	3,341	11,334	63,750	12,831	8,173	84,754

A new Clinic was opened at Union Street on 1/5/62, replacing the one in Brereton Road.
opened 5/9/62.

Centre	No. of sessions during year	No. of children who attended during year				No. of attendances during year			T
		Born in			Total	Age at date of attendance			
		1962	1961	1960-57		0-	1-	2-4	
<i>Brought forward</i>	1,953	4,272	3,721	3,341	11,334	63,750	12,831	8,173	84
<i>Luton continued</i>									
Gooseberry Hill†	54	130	31	26	187	2,140	228	59	
Leagrave, High Street ..	69	253	194	232	679	3,541	422	251	
Leagrave, Marsh Road ..	51	214	310	183	707	3,657	460	198	
Limbury ..	92	170	189	158	517	3,233	401	212	
Park Street ..	51	107	87	100	294	1,922	151	105	
Round Green ..	51	136	119	101	356	2,116	307	126	
St. Anne's ..	49	69	87	72	228	1,235	226	74	
Stopsley ..	102	324	317	331	972	4,540	628	349	
Vauxhall Park ..	51	87	71	103	261	1,467	96	105	
Marston Moretaine	26	22	21	32	75	214	87	189	
Marston Shelton ..	25	16	15	29	60	187	93	77	
Maulden ..	26	31	27	32	90	397	155	189	
Potton ..	26	38	32	50	120	664	68	114	
Ridgmont ..	25	12	7	44	63	135	75	262	
Riseley ..	12	14	18	30	62	103	63	84	
Sandy ..	26	38	32	41	111	479	169	292	
Sharnbrook ..	24	29	35	50	114	243	188	92	
Shefford ..	51	68	63	81	212	1,189	286	399	
Shillington ..	25	32	37	38	107	633	191	179	
Shortstown ..	26	61	40	109	210	520	137	48	
Slip End ..	26	46	44	39	129	652	218	219	
Stevington ..	12	7	4	12	23	58	17	21	
Stewartby ..	28	16	17	31	64	319	148	185	
Stotfold ..	23	66	56	40	162	983	328	53	
Streatley† ..	39	51	82	76	209	1,210	194	130	
Studham ..	26	9	20	11	40	237	119	117	
Sundon ..	50	195	160	103	458	3,640	364	213	
Tempsford ..	13	10	10	12	32	123	26	47	
Thurleigh ..	13	22	31	45	98	208	95	156	
Toddington ..	50	95	69	101	265	1,747	375	88	
Turvey ..	12	9	6	18	33	72	63	38	
Westoning ..	26	17	21	21	59	517	185	201	
Wilstead ..	12	27	16	24	67	192	74	64	
Woburn ..	26	16	20	38	74	296	101	197	
Wootton ..	26	37	36	38	111	735	223	64	
Wrestlingworth ..	6	6	5	3	14	11	18	26	
Wymington ..	13	12	16	27	55	90	108	123	
TOTALS ..	3,216	6,764	6,066	5,822	18,652	103,455	19,918	13,519	1,000

† Opened 26/6/62.

‡ Closed 27/9/62.

The frequency with which a clinic is held varies from twice a week in the towns to once a month in the smaller villages. A Health visitor is present at each session and a doctor attends at regular intervals, depending on the size of the centre. The running of the centres is facilitated by the splendid assistance given by voluntary workers.

During the year, a new building was opened in Union Street, Oxford, bringing child welfare, school and dental clinics under one roof and enabling premises at Brereton Road and St. Peter's Street to be used for other purposes.

In some villages it is inevitable that work is carried on in premises that are unsuitable or inadequate in some respect. In a village, where a centre is held on only one or two half-days a month, premises have to be rented and usually these are either village or church halls. However suitable they may be for the purpose for which they were designed, not many of them provide conditions which facilitate the work of health education. Where conditions justify it, new accommodation is being provided by the Authority in association with other service.

Welfare Foods

The term "Welfare Foods" embraces national dried milk, orange juice, cod liver oil and vitamin A and D tablets which are supplied to expectant and nursing mothers, children up to the age of five years, and handicapped children.

Milk tokens which are supplied through the Ministry of Pensions and National Insurance can be used to obtain liquid milk at 4d. a pint or national dried milk at 2s. 4d. a tin. Where necessary additional supplies of dried milk can be obtained for children under one year of age.

Concentrated orange juice, which costs 1s. 6d. a bottle and is readily obtainable through the Welfare Foods Service, has a very high content of vitamin C, one bottle being equivalent to nine good oranges, and it is particularly recommended for expectant mothers and children under two years of age as their diet may not provide enough vitamin C. It is also recommended for handicapped children where there may be feeding difficulties.

Cod liver oil contains vitamin A which is essential for health and vitamin D which is required for sound bone formation and the normal development of teeth. Young children often need more vitamin D than is obtained from ordinary food and mothers are recommended to begin giving their babies cod liver oil at the age of one month. Under the Welfare Foods Scheme cod liver oil costs 1s. 0d. a bottle.

During pregnancy an expectant mother needs extra amounts of vitamins A and D to maintain her own health and to help build the

baby's bones and teeth. Tablets are supplied for this purpose at 6d. a packet. It is advisable for the mother to continue taking them for some months after the baby is born.

In the Annual Report for 1961 attention was drawn to the fact that there had been a drastic reduction in the demand for orange juice, cod liver oil and vitamins A and D. In one way and another the position has improved. An investigation carried out by Dr. L. G. Nicol, an Assistant County Medical Officer, showed that this was so, but the position could not be regarded as entirely satisfactory, and Health Visitors were instructed to give special attention to the matter. It is of interest that the British Paediatric Association has carried out a large-scale investigation and a report will soon be issued.

There were, at the end of the year, 108 distribution centres in the County, 67 of them being Child Welfare Centres. Included in the others are village shops and private houses. The efficient distribution of Welfare Foods, particularly in the rural areas, is not easy. Nevertheless, it has been achieved and this is due to the activities of the voluntary workers who man the majority of the distribution centres, and the constant attention of the Welfare Foods Officer.

Dental Care

Under the National Health Service Act, 1946, priority in dental treatment is given to expectant and nursing mothers, and children. This treatment is provided free of charge. In Bedfordshire, the Local Health Authority provide facilities for the dental care of these classes in conjunction with the School Dental Service. Details of the work done during the year are given in Tables XIV and XV.

The following report has been submitted by Mr. R. B. T. Dinsdale, Senior Dental Surgeon :—

“ The dental treatment of expectant and nursing mothers as well as pre-schoolchildren within the County has been carried out as in former years. The free provision of complete treatment under the National Health Service by the private dentist, will take away some of the patients who would have called on the clinic services for treatment.

“ The staff of the department has been increased by the recruitment of an additional Dental Surgeon, Mr. Cruickshank, and two of the newly-trained Dental Auxiliaries, Miss Watts and Miss Morley. Dental Auxiliaries are trained to do a limited kind of treatment under the direct supervision of a Dental Surgeon. They are opening up a new branch of Dental Service, i.e. the treatment of the very young children by conservation of the temporary dentition as well as permanent teeth. The Auxiliaries have attended some of the Ante-Natal Clinics giving talks on Dental Health and advising as to where to get treatment.

"Thanks to the assistance of the part-time dental surgeons all clinics are opened for some time during the week for treatment, appointments being made by telephone or letter. The dental clinics in the County at present are situated at Bedford, Biggleswade, Dunstable and Leighton Buzzard."

TABLE XIV—FORMS OF DENTAL TREATMENT PROVIDED AT DENTAL CLINICS DURING 1962

	Extractions (teeth)	General Anaes- thetics	Fill- ings	Scalings and gum treat- ment	Silver nitrate treat- ment	Crowns or Inlays provid- ed	Radio- graphs	Dentures provided	
								Full upper or lower	Partial upper or lower
—									
ant and nursing									
ers	—	—	—	—	—	—	—	—	—
n under 5 ..	11	—	20	—	—	—	—	—	—
—									
ADE—									
ant and nursing									
ers	8	—	2	1	—	—	—	—	1
n under 5 ..	3	2	16	—	—	—	—	—	—
—									
E—									
ant and nursing									
ers	52	21	120	36	—	—	5	4	15
n under 5 ..	144	70	55	2	—	—	1	—	—
—									
BUZZARD—									
ant and nursing									
ers	64	24	44	135	—	—	6	9	9
n under 5 ..	83	43	114	84	32	—	—	—	—
—									
ant and nursing									
ers	25	3	8	3	—	—	—	2	2
n under 5 ..	216	99	35	—	—	—	—	—	—
—									
ant and nursing									
ers	149	48	174	175	—	—	11	15	27
n under 5 ..	457	214	240	86	32	—	1	—	—

TABLE XV—EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE PROVIDED WITH DENTAL CARE AT DENTAL CLINICS DURING 1962

	Examined	Needing Treatment	Treated
BEDFORD—			
Expectant and nursing mothers ...	—	—	—
Children under 5	32	26	26
BIGGLESWADE—			
Expectant and nursing mothers ...	2	2	2
Children under 5	7	4	4
DUNSTABLE—			
Expectant and nursing mothers ...	36	36	34
Children under 5	93	91	91
LEIGHTON BUZZARD—			
Expectant and nursing mothers ...	50	50	50
Children under 5	93	93	93
LUTON—			
Expectant and nursing mothers ...	12	11	9
Children under 5	125	99	91
TOTALS—			
Expectant and nursing mothers ...	100	99	95
Children under 5	350	313	305

Deafness in Children

In recent years it has come to be recognised that defective hearing is more common in children than had been supposed and is the cause of much educational retardation. It has been found that very few children are totally deaf at birth and that most deaf children have the ability to hear some sound. This "residual" hearing will only be used if special training is given. Assisted in suitable cases by a hearing aid, many such children can be successfully taught to speak but auditory training to be effective must be given continually during the first three or four years of life. Thus early diagnosis is of the utmost importance.

For this reason a course of training was held in April, 1962, for all the Health Visitors outside Luton to enable them to apply routine hearing test to infants. It is hoped, in future, to apply routine hearing test to all infants when they reach the age of approximately seven months. These tests will be repeated at any time there is a suspicion of delayed speech or deafness in the infant. This scheme will enable proper educational provision to be made without undue delay. A similar scheme is already operating in Luton.

Day Nurseries

There are four day nurseries in Bedfordshire—three in Luton Borough and one in Bedford Borough. Nursery students continued to be trained at the Luton nurseries and three qualified during the year. Details of accommodation and attendances are given in Table XVI.

TABLE XVI—ACCOMMODATION AND AVERAGE DAILY ATTENDANCE AT THE DAY NURSERIES IN 1962

Address of Nursery	No. of approved places		No. of children on the register at the end of the year		Average daily attendance during the year	
	Under 2	Years 2-5	Under 2	Years 2-5	Under 2	Years 2-5
BEDFORD— 4 St. John's Street	10	30	12	21	8	21
LUTON— Alder Crescent ..	20	30	9	31	9	23
Manor Road ..	16	34	7	41	5	28
Wootton Bassett— Topsley ..	16	24	10	18	7	14

The Nurseries and Child-Minders Regulation Act, 1948, requires the Local Health Authority to register premises, other than premises wholly or mainly used as private dwellings, where children are received and looked after for the day or a substantial part thereof or for any other period not exceeding six days. Also, persons who for reward receive into their homes more than two children under the age of five years to be similarly looked after must be registered. At the end of the year, four nurseries providing for 101 children, and 23 daily child-minders providing in all for 117 children, were so registered.

Daily Minders

To deal with children not living within easy access of a Day Nursery and who require to be cared for during the day, the County Council have a Daily Minders Scheme. Under this Scheme a register is maintained of persons approved by the Council as suitable to receive children by day. For each day that a minder has a child she receives 4s. 6d. from the Authority and 1s. 6d. from the parent. The main difference between persons registered under this Scheme and under the Nurseries and Child Minders Regulation Act, 1948, previously mentioned is that a child minder for the purposes of the Act is a person caring for three or more children. A child minder under the Authority's scheme must be registered even though she takes only

one child. In addition the scheme allows the Authority to be selective and to choose those persons considered to be best fitted for the task, whereas persons applying to be registered under the Act must be registered provided they fulfil the requirements.

So far the Scheme is only operating in the Southern Division where, at the end of the year, there were 39 approved daily minders of whom 10 were actually caring for children at that time. The number of children being minded was 13. Altogether, 42 children were minded under this scheme during the year.

Children in Care

The provision of residential homes and nurseries for children is a responsibility of the Care of Children Committee, the services of the Health Department's medical staff being utilised as and when required. Regular visits are paid to the homes to ensure that everything is in order from a health point of view.

The Health Department also arranges for children who are boarded out to be medically examined in accordance with Home Office Regulations. The usual practice is for the examinations to be carried out by the general practitioner who attends the household.

Birth Control

There were, at the end of the year, five clinics provided by the County Council and the authorities exercising delegated functions where advice on birth control was available to women in whose cases pregnancy or further pregnancy would be detrimental to health. Details of the attendances at each clinic are given in Table XVII.

TABLE XVII—ATTENDANCES AT BIRTH CONTROL CLINICS, 1962

	Number of women who attended for the first time	Total number of women who attended	Total number of attendances	No. of sessions
Bedford, Barford Avenue	33	154	298	23
Dunstable, Kingsway ...	15	164	180	20
Luton, Beechwood Road	227	327	892	48
Luton, Stopsley ...	68	121	364	23
Gooseberry Hill ...	17	24	43	4
TOTALS ...	360	790	1,777	118

It may be added that the Family Planning Association operates a number of clinics in Bedfordshire. The scope of their activities is wider than that of this Authority.

MIDWIVES SERVICE

In Bedfordshire, there is direct provision of a domiciliary midwifery service. In Bedford, Dunstable and Luton Boroughs, Kempson U.D. and Sundon Park whole-time midwives are employed but the remainder of the County midwives undertake home nursing well. At the 31st December, 1962, there were 26 whole-time and 14 part-time midwives and 38 nurse-midwives (two being part-time). In addition, there were two health visitor-nurse-midwives undertaking midwifery as part of their comprehensive duties in rural areas. There are two Non-Medical Supervisors of Midwives and Home Nurses, Mrs. Furse for Luton Borough and Miss Frost for the remainder of the County including Bedford. Supervision of midwives not employed by the Local Health Authority is undertaken in accordance with the rules of the Central Midwives Board.

Of the midwives employed by the Authority, 24 are approved training midwives by the Central Midwives Board and take pupils through the three months' district training that they are required to do for Part II of their course. During the year 79 pupil midwives completed their district training.

Every expectant mother is normally seen at least twice by a midwife during the ante-natal period. In Luton, the domiciliary midwives have regular ante-natal sessions at the clinics. In the remainder of the County all ante-natal supervision is undertaken in the patients' homes. Maternity outfits are supplied free to all domiciliary patients.

As already mentioned, relaxation and mothercraft classes are now held in a number of places and all the midwives have been trained in each relaxation.

The nurse-midwives combine in groups of three or four for relief purposes and the maximum flexibility is allowed to them. This fact, combined with a reasonable case-load, means that night calls are not a serious problem. If it happens that a midwife has disturbed nights and needs relief she informs the Non-Medical Supervisor. The arrangements for providing relief for the full-time midwives are somewhat similar and are also satisfactory.

The number of deliveries at home attended by midwives in the County during 1962 is given in Table XVIII. They constituted 44.7 per cent of all notified Bedfordshire births (live and still) compared with 44.8 per cent in the preceding year. It will be seen that the vast majority of women arrange for a doctor to provide them with emergency medical services.

Under the National Health Service Act, local health authorities are required to provide an adequate service of midwives to attend all women in their respective areas during the lying-in period. The maximum lying-in period is ten days and the maximum 28 days. In recent years, particularly in the south of the County, there has been a substantial increase in the number of cases delivered in hospital and

discharged before the expiry of the minimum lying-in period. They then come under the care of the domiciliary midwives. Often they are midwives' cases where it is considered to be in the mother's best interests for the actual delivery to take place in hospital (e.g. high blood pressure or post-maturity). If everything goes well she is then returned to the midwife's care. In 1962, there were 978 women discharged before the tenth day, compared with 698 in 1961.

During 1962, 12 midwives attended refresher courses organised by the Royal College of Midwives.

TABLE XVIII—NUMBER OF DOMICILIARY CONFINEMENTS ATTENDED BY MIDWIVES DURING 1962, SHOWING NUMBER OF CASES IN WHICH DOCTOR WAS PRESENT

	Doctor not booked		Doctor booked		Total
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present	
Midwives employed by County Council ..	8	28	1,172	2,820	4,028
Midwives employed by Hospital Management Committees	—	—	1	1	2
Midwives in Private Practice	—	—	2	—	2
TOTALS ..	8	28	1,175	2,821	4,032

Analgesia in Child Birth

All the midwives employed by the Authority are qualified to administer gas and air analgesia and 63 sets of apparatus were in use at the end of the year. All midwives have also been instructed in the use of Trilene. Trilene is administered in the Borough of Luton, where 18 sets of apparatus were in use at the end of the year. Its use is gradually being extended to the rest of the County. In addition, all the midwives carry pethidine. It may be said that, in the normal course of events, analgesia is available to every woman attended by the Council's midwives.

Table XIX shows the number of women who received either gas and air or trilene, according to whether or not a doctor was present at the delivery. It will be seen that 78.4 per cent of all cases attended by domiciliary midwives received inhalational relief from pain. It should be borne in mind that when a doctor attends the confinement he often administers some form of analgesic himself.

Many women have pethidine as well as inhalational analgesia; other cases that is the only relief that is required. The midwives ministered it to 790 women whose delivery was attended by a doctor and to 1,566 whose delivery was not so attended.

TABLE XIX—NUMBER AND PERCENTAGE OF DOMICILIARY CASES IN WHICH INHALATIONAL ANALGESICS ADMINISTERED BY MIDWIVES, 1962

	Doctor present at delivery	Doctor not present at delivery	Total
Gas and Air	574	1,631	2,205
Ethylene	416	550	966
TOTALS	990	2,181	3,171
Percentage of women receiving inhalational analgesics	83.7	76.6	78.4

HEALTH VISITING

The introduction of the National Health Service laid new demands on health visitors. An important function of the Health Visitor is to give guidance on the child's development. Accordingly she pays a home visit as soon as possible after the lying-in period. Her work, however, is not confined simply to giving guidance and observing infants. It is broadening to include other members of the family. There is a tendency for her work to become more selective and for a close association to develop with hospitals and with general practitioners and other professional workers in the domiciliary field. There has been very little progress in making arrangements for health visitors to work with particular general practitioners or groups of practitioners. In only one locality has a beginning been made. In the case of patients discharged from hospital, they are followed up whenever notification is received. Visits are also paid to persons who fail to keep out-patient appointments. These, in the main, are ante-natal and post-natal patients. As in so many branches of the Health Service there is a shortage of staff. To help overcome this the Authority have a scheme for recruiting suitable nurses and training them for health visitor training on condition that they remain in the Council's service for at least one year after qualifying.

Outside Bedford, Dunstable and Luton, the health visitors also act as school nurses. At the 31st December, 1962, there were 32 full-time and one part-time health visitor-school nurses as well as two health visitors undertaking comprehensive duties, i.e. health visiting, school nursing, home nursing and midwifery. Six health visitors were employed full-time in the towns mentioned and a further three were

engaged full-time as tuberculosis visitors. There was a superintendent health visitor in Luton (Mrs. Langford) and another for the remainder of the County (Miss Martin).

During the year, 18,950 families were visited by health visitors and 26,730 children under five years of age were seen in their homes. In addition to home visiting, 4,122 attendances were made at clinic sessions. Further details of this work are given in the paragraphs dealing with Ante-Natal Care and Child Welfare Centres. The tuberculosis visitors visited 9,568 tuberculous households and made 330 attendances at chest clinic sessions.

Arrangements are made for attendance at refresher courses and nine health visitors were sent during the year.

HOME NURSING

The County Council make direct provision of a Home Nursing Service. The nurses deal with any emergency to which they may be called but the general practice is for them to place on their lists only patients referred to them by the general medical practitioners under whose direction they work. The existence and availability of the Local Health Authority's home health services are known to the hospitals and the general practitioners and the services are called upon as required for any purpose. Patients on discharge from hospital are referred to their own doctors, from whom the nurses take instructions. Occasionally, however, it is necessary for reference to be made both to doctor and to nurse. Message forms are left at the patient's home to facilitate interchange of information between doctor and nurse. No all-night service is provided, but the nurses are available for night calls if required urgently.

The establishment is reviewed from time to time in order to ensure that it is adequate to meet the requests made. There is no difficulty about accepting patients on discharge from hospital, doing dressings for them and giving them injections when necessary.

In the case of children, the same system is in operation although it is a matter of experience that not so many children as formerly are now admitted to hospital. That may account for the fact that not many are referred to the domiciliary services. There is no difficulty in dealing with those who are referred, e.g. for dressings or teaching a patient to give an insulin injection.

The major part of the work of the home nurses is with cases classified as medical. There is still a considerable demand made on their services for the administration by injection of antibiotics and drugs.

The numbers of patients in various categories who were attended during the year are shown below, together with the numbers of visits paid.

<i>Type of Case</i>	<i>No. of Cases</i>	<i>No. of Visits</i>
Medical	4,201	109,389
Surgical	924	25,921
Infectious Disease	4	38
Tuberculosis	67	3,466
Maternal Complications	19	71
Others	525	2,099
TOTALS ...	5,740	140,984

Home nursing is more and more concerned with the care of the aged. Thus of the 5,740 patients attended in 1962, 2,790, or 48.6 per cent, were 65 years of age or over. The average number of visits paid to old people during the year was 33, compared with 16 in the case of patients under 65 years of age.

At the 31st December, 1962, there were, in addition to the 38 nurse-midwives (two part-time) and two health visitor-nurse-midwives already mentioned, 41 full-time and two part-time nurses. Of the full-time nurses, eight were men.

In order to maintain the high standard of efficiency of the Service, nurses who are recruited may be sent away for district training if this is not already been undertaken. In many cases, housing is provided for nurses and the Authority are very grateful to the various District Councils who have made suitable houses available.

The Queen's Institute of District Nursing arranges refresher courses for district nurses and seven nurses attended such courses during 1962.

DOMESTIC HELP SERVICE

Home Helps are provided for households where assistance is needed because of illness, confinement, old age, etc. The amount of help given varies according to the needs of the individual assisted. Thus in some cases whole-time assistance is given, while in others one or two hours a day are all that is necessary. This service meets a great social need, and by enabling a great many people to remain in their own homes, reduces the pressure on hospital accommodation. A charge is made, this being based on the family income and liabilities.

New housing in some villages is causing an increased demand for home helps, particularly in maternity cases, but not always sufficiently warrant the regular employment of home helps in these places. In general, it is possible to provide a service throughout the County but there are a few places where lack of public transport creates difficulties.

In some families, difficulties arise on account of the fecklessness of the mother. Such a mother needs instruction in housecraft, including the proper spending of whatever money is available, and a specially selected home help can do much in this direction.

At the end of the year, eight full-time and 306 part-time Home Helps were employed, under the supervision of three Organisers. The

number of cases where domestic help was provided during the year was :—

Maternity	...	...	...	...	...	577
Tuberculosis	...	...	...	...	...	6
Chronic sick (including aged and infirm)	...	...	...	...	...	1,659
Others	...	...	...	...	...	263
TOTAL						2,505

In addition to the Home Help Scheme, there is a Sitters-up Scheme covering the whole County but the demand is negligible. Sitters-up may be defined as individuals who undertake to be present in the homes of other people during the night for the purpose of rendering assistance of a personal nature to individuals who through age or illness need such assistance and cannot otherwise secure it.

VACCINATION AND IMMUNISATION

Smallpox Vaccination

The occurrence of a certain number of cases of smallpox in the early part of 1962 led to a widespread demand for vaccination, even in places where the likelihood of infection was negligible. Thus in Bedfordshire, although no case occurred or was suspected, 26,472 primary vaccinations were carried out, compared with 4,892 in 1961. Details are given in Table XX. There was an increase in the number of infants under one year of age vaccinated from 3,330 to 4,982. This was 56.7 per cent of births registered in 1962. The corresponding figures for 1961 and 1960 were 42.3 and 39.3 respectively. Also during 1962, 17,955 persons were revaccinated compared with 1,085 in the previous year.

All routine vaccination against smallpox under the Scheme is undertaken by general practitioners. During the year the timetable for protective processes in infancy was revised in accordance with Ministry advice and parents are now advised to have smallpox vaccination done during the first two years of life, preferably during the second.

TABLE XX—NUMBER OF PERSONS VACCINATED FOR THE FIRST TIME DURING 1962, SUBDIVIDED ACCORDING TO AGE

	Age					Total
	0-	1-	2-4	5-14	15+	
North-Eastern Division	1,217	392	779	2,965	3,107	8,460
Southern Division ..	1,320	246	634	1,975	1,597	5,772
Bedford M.B.	718	303	613	1,575	1,911	5,120
Luton M.B.	1,727	413	755	1,957	2,268	7,120
TOTALS ..	4,982	1,354	2,781	8,472	8,883	26,472

Diphtheria Immunisation

Diphtheria immunisation affords a high degree of protection against a very serious disease and during the twenty years that it has been in general use in this country the incidence of diphtheria has declined tremendously. So much so, in fact, that many young parents today know nothing of the disease and do not always appreciate the continued need for children to be protected. Every effort is made to stress the importance of immunisation and mothers are urged to take their babies either to the family doctor or the child welfare centre to be immunised when they are about four months old. The general practice now is to offer a triple antigen giving protection against diphtheria, whooping cough and tetanus.

After about five years the protection given against diphtheria falls below the completely safe level and needs to be reinforced by a "booster" injection. The practice has developed of giving these injections when the child enters school at the age of five, and again at the age of ten; i.e. in the last year at primary school. Nowadays, the reinforcing injections protect against tetanus also if required. It cannot be emphasised too strongly that parents who fail to ensure that their children are properly protected in this safe and painless way are not only endangering the lives of those children but may also endanger the lives of others.

To make it virtually certain that outbreaks of diphtheria will not recur, at least 75 per cent of children under 15 years should be effectively immunised, i.e. they should have received some protection within the last five years. The percentage of the child population thus protected is referred to as the "immunity index". As will be seen from Table XXI, the immunity index for the age-group 1-4 years at the end of 1962 was 80.9, but only 56.4 for the age-group 5-14 years. The corresponding figures for the previous year were 82.7 and 51.2. Table XXII shows the number of children immunised during 1962. There was a decrease both in the number of primary immunisations and in the number of "booster" injections given.

TABLE XXI—NUMBER OF CHILDREN IN THE COUNTY KNOWN TO HAVE COMPLETED A FULL COURSE OF IMMUNISATION BY 31ST DECEMBER, 1962, SUBDIVIDED ACCORDING TO THE AGE AT THAT DATE

Age at 31.12.62	Under 1	1-4	5-9	10-14	Total Under 15
Completed full course of injections (whether primary or booster)—					
1958-62	2,370	21,990	20,921	11,941	57,222
1957 or earlier ..	—	—	4,165	10,539	14,704
Estimated mid-year child population	8,230	27,170	58,300		93,700
Immunity Index ..	28.8	80.9	56.4		61.1

TABLE XXII—NUMBER OF CHILDREN WHO RECEIVED A FULL COURSE OF PRIMARY DIPHTHERIA IMMUNISATION IN 1962, SUBDIVIDED ACCORDING TO YEAR OF BIRTH, TOGETHER WITH NUMBER OF CHILDREN WHO RECEIVED “BOOSTER” INJECTIONS

	Children born in years—							Total
	1962	1961	1960	1959	1958	1953-57	1948-52	
Primary Immunisation	2,355	3,312	379	167	99	514	231	7,057
“Booster” Injections	1	12	17	19	123	4,287	1,684	6,143

Protection Against Whooping Cough

The Authority have provided facilities for protection against whooping cough for some years. Although the vaccine can be given alone, in the vast majority of cases it has been combined with diphtheria prophylactic. Now it is mostly given in the triple antigen. Table XXIII gives the number of children who completed a primary course of whooping cough vaccine, singly or in combination during the year.

TABLE XXIII — NUMBER OF CHILDREN PROTECTED AGAINST WHOOPING COUGH IN 1962, DIVIDED ACCORDING TO YEAR OF BIRTH

Year of Birth	No. of Children
1962	2,336
1961	3,290
1960	358
1959	159
1958	79
1953-57	199
1948-52	35
Total	6,456

Of the 126 cases of whooping cough notified in 1962, only eight were known to have had any protection. It is recognised that whooping cough vaccination does not offer as good a protection as can be obtained against some other diseases but the declining incidence of whooping cough in Bedfordshire in recent years suggests very strongly that vaccination is having its effect.

Tetanus

In 1961 it was decided, with the approval of the Ministry of Health, to go a stage further and to add tetanus to those diseases against which immunisation is undertaken under Section 26 of the National Health Service Act, 1946. This is being offered in conjunction with diphtheria and whooping cough and most parents are now having their babies immunised with the triple antigen. For "booster" injections, a double antigen of diphtheria and tetanus is being used.

Poliomyelitis Vaccination

Under the Authority's scheme for protection against poliomyelitis, vaccine is available to everyone aged from six months to 40 years, expectant mothers and others at special risk. Other persons can be vaccinated outside the scheme, but in this case the vaccine is obtained by their family doctors through the pharmaceutical service of the Executive Council.

The main change in the campaign against poliomyelitis during 1962 was the introduction early in the year for general use of live attenuated poliovirus vaccine prepared from strains developed by Dr. A. B. Sabin. The vaccine is administered by mouth, either on a lump of sugar or in syrup. It has advantages over the Salk vaccine which is administered by injection and is therefore to be preferred. Very little Salk vaccine is now being used.

Primary vaccination against poliomyelitis consists of two injections of Salk vaccine or three doses of oral vaccine. The number of primary vaccinations carried out in 1962 is given in Table XXIV.

TABLE XXIV—NUMBER OF PRIMARY VACCINATIONS AGAINST POLIO-MYELITIS COMPLETED IN 1962 IN VARIOUS AGE-GROUPS

Type of Vaccine	Year of Birth				
	1962	1961	1943-60	1933-42	Before 1933
Salk ...	30	1,091	844	372	733
Oral ...	381	2,314	1,694	697	1,406
Totals	411	3,405	2,538	1,069	2,139

Vaccination Against Tuberculosis

Although B.C.G. vaccination is provided under Section 28 of the National Health Service Act, 1946 (Prevention of Illness) and not Section 26 (Vaccination and Immunisation), it seems appropriate to deal with the various protective processes under one heading. Originally, B.C.G. vaccination was limited to suitable contacts of tuberculous persons but it is now available to senior schoolchildren and students attending Further Education establishments.

Contact with the disease often stimulates the body's defensive mechanism and a skin test is available to determine if this has happened. Anyone giving a positive result does not require vaccination but must be referred for clinical examination.

Altogether 1,519 contacts were skin tested during the year and 897 were found to be positive. Of those that were negative, 384 were vaccinated.

The number of schoolchildren who were skin tested was 5,481. All but five of the 4,684 who were negative were vaccinated. The 501 who were positive were referred to the Chest Clinics and 494 attended. Of these, 37 were already under observation by the Clinics. Of the remainder, only one child was found to have tuberculous infection. There were 140 students skin tested of whom 75 were negative and were vaccinated. The remainder were referred to the Chest Clinics but none was found to have tuberculous infection.

AMBULANCE SERVICE

The Authority make direct provision of an ambulance service for the whole of Bedfordshire except a small area on the Buckinghamshire border and one on the Northamptonshire border. In these areas the work is undertaken by the respective County Councils and payment is made by the Authority.

Radio-telephones are installed in all vehicles and radio control centres are situated at Luton and Kempston. In the south the Dunstable station is linked with Luton, and in the north the Ampthill and Biggleswade stations are linked with Kempston. The system works well.

At the 31st December, 1962, the total ambulance personnel directly employed was 78. It comprised one superintendent, one maintenance officer, five station officers, two deputy station officers and 69 driver-attendants. A valuable reinforcement to the service is received from the Hospital Car Service and from the attendance of voluntary personnel of the St. John Ambulance Brigade and the British Red Cross Society at the stations. During the year, the Hospital Car Service travelled 223,538 miles in conveying 7,975 patients for the Authority.

TABLE XXV—MILEAGE TRAVELLED AND PERSONS CARRIED BY
COUNTY AMBULANCE SERVICE AND OTHER SERVICES, 1962

Station or service	Mileage	Persons carried			
		Accident	Sickness	Other	Total
County Council—					
Amphill	107,793	850	9,098	24	9,972
Kempston	178,610	2,047	21,799	52	23,898
Biggleswade	118,763	1,006	12,437	56	13,499
Dunstable	91,038	2,012	10,152	316	12,480
Luton	147,188	4,270	25,083	—	29,353
	643,392	10,185	78,569	448	89,202
Hucks. C.C. (Linslade) ..	31,355	74	5,265	—	5,339
Hospital Car Service ..	223,538	—	7,314	661	7,975
	898,285†	10,259	91,148	1,109	102,516

A further 12,867 miles were travelled by other Ambulance Services in conveying Bedfordshire patients, making a grand total of 911,152 miles.

TABLE XXVI—MILES TRAVELLED IN PROVIDING AMBULANCE SERVICE
FOR BEDFORDSHIRE, 1958-1962

Work done by	1958	1959	1960	1961	1962
County Council Stations* ..	550,553	554,236	586,026	619,633	631,429
Hospital Car Service	160,052	182,153	180,732	203,029	223,538
Car Hire Services	3,111	2,079	1,289	35	—
Hucks. C.C. (Linslade Station)	32,988	32,089	34,754	30,622	31,355
Other Authorities	13,318	10,778	10,289	13,042	12,867
TOTALS	760,022	781,335	813,090	866,361	899,189

Excluding mileage travelled on behalf of other Authorities.

Wherever possible patients who have to travel long distances are sent by train. This was done on 92 occasions during the year, fifteen of the patients being stretcher cases. It is pleasing to record that the arrangements made by British Railways are satisfactory. It is fitting also that tribute should be paid to the London County Council for the help given to patients sent to London by train, either by trans-

porting them to their final destinations or to other main-line stations from which they continue their journeys.

Table XXV shows the number of persons carried and miles travelled by vehicles at each of the five stations and by other Services acting on the Council's behalf. Altogether, the Council's vehicles recorded 643,392 miles during 1962 and of that total 11,963 miles were travelled on behalf of other authorities.

Table XXVI shows the total mileages travelled in the years 1958-62 in providing an ambulance service for Bedfordshire, and includes mileages recorded by other Ambulance Services acting on the Council's behalf.

It will be seen from Table XXV that only ten per cent of the persons carried by the Ambulance Service were injured in accidents. Nevertheless, the Service has at all times to be ready to deal with any emergency, speedily and efficiently. This need became even greater with the opening of the M.1 of which there is an 18-mile stretch in Bedfordshire. Repair work and severe weather added to the hazards on this road during the last four months of the year, but all calls were dealt with expeditiously.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

In the case of tuberculosis, the Authority's responsibility is in relation to prevention, care and after-care, treatment being provided by the Regional Hospital Board. Certain Consultant Chest Physicians, who work at and from the Chest Clinics, are jointly employed by the Regional Hospital Board and the Local Health Authority.

The total number of attendances at the Chest Clinics during 1962 (including contacts) was 31,794, and 9,568 visits were paid to the homes of patients by the three Tuberculosis Visitors. The Chest Physicians made 495 home visits.

Tuberculous patients being nursed at home receive domestic help if required and in appropriate cases extra nourishment in the form of milk and eggs is provided. Beds and bedding are available, in addition to medical comforts.

The Scheme also provides for the maintenance of suitable patients in settlements when they are sufficiently recovered to embark on rehabilitation; for the boarding-out of children of infectious parents; and for the segregation of babies of tuberculous parents prior to B.C.G. vaccination. It is pleasing to report that none of these services has been required in recent years.

Medical Comforts

The Authority provide certain articles of apparatus on loan when required by sick persons for continuous use in their homes. This is mainly done indirectly through the St. John Ambulance Brigade and

the British Red Cross Society who, between them, were operating 27 Medical Comforts Depots in the County at the end of the year.

Occupational Therapy

Virtually no progress was made in this service during the year. Recruitment was difficult and Miss Smith continued to be handicapped by ill-health. The situation is now (1963) much better, three occupational therapists having been recruited.

Problem Families

The Reports for the two previous years have described the steps taken to deal with the problems presented by these families. By the end of 1962 there were five Family Social Workers appointed specially to deal with problem families.

The Co-ordinating Committees convened by the Divisional Medical Officers continued to play a part in preventing duplication of effort.

Convalescence

The Local Health Authority have a scheme for the provision of such convalescent facilities as lie outside the scope of the Regional Hospital Board. This scheme is also used in suitable cases to send mothers and their children (if under 7 years of age) to a recuperative centre for a period. The aims are to improve the health of the mother; to give personal assistance with her problems and to encourage a higher standard of home management; and to encourage the healthy and happy development of the children. A charge is made depending upon the family's financial circumstances. During 1962, 20 adults and 23 children were sent away under the scheme.

Chiropody Service

As stated in the previous Report, the Authority decided in 1960 to provide a chiropody service which would, in the first instance, be limited to the elderly (i.e. women aged 60 years and over, and men aged 65 years and over), the physically handicapped and expectant mothers. The scheme continues to make very satisfactory progress.

The service already being provided by voluntary organisations when the County Scheme was initiated on the 1st April, 1960, has continued and there are now 27 Clubs for the elderly which provide chiropody service subsidised by the Authority, together with a service arranged by five branches of the Women's Institute. A residential Home for the elderly run by the W.V.S. has also been brought to the Scheme.

During the year 1962, the following treatments were carried out :—

(a) Directly-provided service—

	<i>Treatments</i>
(i) At club premises	1,171
(ii) At the homes of patients	274
(iii) At Local Authority Clinics	334
	1,779

(b) Voluntary Organisations service—

(i) At club premises	7,049
(ii) At the homes of patients	2,460
	9,509

Total		11,288
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In a few areas where there are no Clubs, arrangements are made for elderly people to be treated by private chiropodists on a per capita basis. The work done by this means is included under (b) above.

The demands on the County Chiropodist are continually increasing and the Committee decided to appoint a second Chiropodist in 1963.

The service in Luton is provided by the Luton Old People's Welfare Committee who are reimbursed in full, by the Local Authority, all expenditure incurred. During the year, 2,238 treatments were given. Similarly, in Bedford the Old People's Welfare Committee operate a chiropody service, including the provision of a clinic, all the expenses being borne by the Local Authority. There were 2,041 treatments given at the clinic and 542 in patients' homes. In addition, the County Chiropodist spends one day a week at Barford Avenue Clinic, Bedford. He undertook 220 treatments of Bedford persons there during 1962. Also, he did 121 domiciliary treatments in the Borough.

MENTAL HEALTH SERVICE

Administration

The character of the administration of the service remained unaltered during the year. There was, however, a change in the Senior Mental Welfare Officers. Mr. A. Austin, who had been with the service since 1948 resigned to take up a post as Superintendent of Mental Health Services for the City of Bath. He was succeeded by Mr. B. G. Garner, A.A.P.S.W. Several members of the staff, including Mr. Garner, undertook training of a specialised nature.

In 1962, as in previous years, several Universities showed their interest in the kind of community care provided by the Authority, and sent students to gain experience of it.

Community Care

In mental illness, about half of the cases which reach the mental welfare officers are referred by general medical practitioners. In all other cases reference is made to him before any action is taken, except in emergency when he is informed as soon as possible. In mental subnormality too the mental welfare officers work as closely as possible with the general medical practitioners.

Full use is made, where appropriate, of facilities for psychiatric out-patient or domiciliary consultation, and, when necessary, hospital admission. Compulsion is used only as a last resort. There is necessarily close co-operation with other departments and services—Welfare, Children, Probation, Child Guidance, National Assistance Board, and Hospital.

TABLE XXVII—SOURCES FROM WHICH CASES OF MENTAL ILLNESS AND MENTAL SUBNORMALITY WERE REFERRED, 1962

Source	Mentally Ill	Mentally Subnormal & Severely Subnormal
General Practitioners	557	13
Relatives	102	17
Police	95	6
Three Counties Hospital	63	—
Patients	48	2
General Hospitals	37	10
Probation Officers	30	2
Welfare Department	23	5
Other Departments	18	11
Neighbours	11	—
Health Visitors	7	—
Psychiatric Hospitals outside County	6	2
National Assistance Board	2	4
School Health Service	—	37
Hospitals for the Subnormal	—	15
Other Local Health Authorities	—	7
Other Sources	37	6
Totals	1,036	137

TABLE XXVIII—SEX-AGE DISTRIBUTION OF CASES OF MENTAL ILLNESS REFERRED IN 1962

	Age							Totals
	Under 21	21-30	31-40	41-50	51-60	61-70	71 and over	
Males ..	24	77	123	83	77	46	24	454
Females ..	21	102	129	90	73	57	110	582
Totals ..	45	179	252	173	150	103	134	1,036

TABLE XXIX—SEX-AGE DISTRIBUTION OF CASES OF SUBNORMALITY AND SEVERE SUBNORMALITY REFERRED IN 1962

	Age			Totals
	Under 7 years	7-15 years	16 years and over	
Males	25	11	46	82
Females	20	9	26	55
Totals ..	45	20	72	137

During 1962, a total of 1,036 cases of mental illness (increase 4.6% on 1961) were referred to the Service, 496 of whom were previously known. 137 cases of mental subnormality and severe subnormality (decrease 14.3% from 1961) were referred during the same period (52 previously known). Sources of referral are shown in Table XXVII, sex-age distribution is shown for mental illness in Table XXVIII and for subnormality and severe subnormality in Table XXIX. The proportion in mental illness of persons over 60 years of age is slightly less (approximately 23% as opposed to approximately 25% in 1961). Nevertheless they continue to present the greatest single problem to the Service. Many fail to fall clearly within the purview of any one of the three residential services concerned—Chronic Sick Hospital, Residential Home (Part III, National

Assistance Act, 1948) and Psychiatric Hospital. At the same time their continued care in the community, often living alone with no family to help, presents an almost insuperable problem to all services. A close liaison is maintained by the Service with General Practitioners, the Welfare Department, Geriatric Consultant, the Consultant Psychiatrist and all ancillary services, e.g. Home Help, Meals-on-Wheels, and Voluntary Agencies, in an endeavour to facilitate a return to normal life without, where possible, admission to a Psychiatric Hospital. It is hoped that the Council's first (of two) Residential Homes for the Elderly Mentally Infirm will be ready in the autumn of 1963 and will provide an additional way of helping this type of patient.

Table XXX shows the number of actions taken in respect of cases referred during the year. The totals in this Table exceed the number of cases referred (Table XXVII) because one case frequently involves more than one action. Comparing the figures for mental illness with those for 1961, the proportion of actions taken other than those leading to direct admission to hospital remains virtually unchanged (1962, 64.8%; 1961, 64.7%). Admissions to hospital for observation total 185 as against 175 in 1961, but this figure, as a proportion of all actions taken, is again virtually the same (1962, 14.1%; 1961, 14.3%). Compulsory admissions for treatment, though increased from 16 cases to 27 cases, remain a very small proportion of the work of the Service (1962, 2.1%; 1961, 1.3%), and the introduction of the 1959 Act does not seem to have made any appreciable difference to the numbers of cases dealt with by compulsory admission.

TABLE XXX—NUMBER OF ACTIONS TAKEN IN RESPECT OF CASES OF MENTAL ILLNESS AND SUBNORMALITY REFERRED IN 1962

	Mental Illness		Subnormality	
	M.	F.	M.	F.
COMPULSORY ACTION				
Admitted to Hospital—				
for Observation Emergency (S.29) ..	60	91	1	2
for Observation (S.25)	13	22	—	—
for Treatment (S.26)	17	10	6	1
NON-COMPULSORY ACTION				
Admitted to Hospital Informally ..	118	128	14	14
Placed under Community Care ..	92	114	37	21
Other Action	280	360	31	20
Totals ..	580	725	89	58

TABLE XXXI—NUMBER OF MENTALLY ILL AND SUBNORMAL PERSONS
UNDER COMMUNITY CARE WITHIN THE COUNTY AT END OF 1962

	Mental Illness		Subnormality	
	M.	F.	M.	F.
Under Guardianship	—	—	8	1
On Leave from Hospital	1	—	1	—
Under Other Community Care	91	102	273	204
Totals ..	92	102	282	205

Informal admissions (246 cases) accounted for 18.9% of the total (241—19.7% in 1961). Just over half the other actions in cases of mental illness referred to in Table XXX were referrals for psychiatric consultation either at out-patient clinics or at home (no change from 1961). The remainder were cases dealt with through other Services or with the co-operation of relatives and/or the General Practitioner.

In mental subnormality, psychiatric consultation is less used, and the majority of other actions is taken in co-operation with the family and the general practitioner. Only ten cases of mental subnormality were dealt with by compulsory admission. Four of those admitted for treatment were so admitted on Hospital Orders made by Courts.

Table XXXI gives details of the number of persons under Community Care within the County at the end of the year. In addition, there were nine (3 male and 6 female) severely subnormal persons with the Guardianship Society, Brighton, and one severely subnormal female, formerly with that Society but temporarily in hospital in Sussex.

The total of cases of mental illness under Community Care continued to rise (quarters ended December, 1961, 214; March, 1962, 232; June, 1962, 235; September, 1962, 238) until the final quarter of the year when they fell to 194. This was due to the resignations of Mr. Shardlow and Mr. Austin which left the Service seriously depleted and necessitated the removal from active care of all persons from their lists who could possibly be left to carry on for the time being unaided. Until restaffing is complete numbers will have to be held to the minimum manageable by the Officers with some experience.

The number of cases of subnormality and severe subnormality under care in the community is held virtually static (December, 1961, 478; December, 1962, 487) by pursuing a policy of withdrawing from stabilised cases on the understanding that patients and families will call in the Service again in the event of any difficulty.

Of the subnormal and severely subnormal persons of 16 years of age or over, under Community Care at the end of the year, 85 males and 43 females (30.5% of the total in this group) were in normal employment and wholly or largely self-supporting.

In the field of subnormality there were at the end of the year ten cases waiting for hospital admission. Seven (5 "cot and chair" and 2 ambulant) were under 7 years of age. Three (1 "cot and chair" and 2 ambulant) were 16 years of age or over. Four under 7 years of age and one over 16 were very urgent cases for whom no suitable vacancy could be found.

It has so far been possible to obtain hospital care for all adult cases of mental illness (17 years of age and upwards) where this was urgently required. Where the need is less urgent some small difficulties occasionally occur, particularly in the case of old people. It has, however, not been necessary to establish anything in the nature of a formal waiting list. The numbers of psychotic and psychopathic children referred at 16 years of age or less are happily small, amounting only to about four to five a year. Not all these require special units. Nevertheless finding satisfactory placements presents difficulties out of all proportion to these numbers. Available units are few, remote from the area, usually have a restricted catchment area and cater only for a narrow range of patients, and in any case have long waiting lists. The Hospital Plan for England and Wales (Cmd. 504) adumbrates residential treatment units in the Region for psychotics and adolescent psychotics in the period 1966-1971.

The Plan forecasts the closing, by 1975, of Three Counties Hospital (1,313 beds), the only replacements *within the County area* being a 100-bedded unit at the Luton and Dunstable Hospital, and a 75-bedded unit at the Bedford General Hospital.

Training and Occupation

The Authority have provided Training Centres in North Bedfordshire since 1947 and in South Bedfordshire since 1948. In April, 1962, a 15-place workshop for older boys and men came into use in a separate building but on the same site as the North Beds. Centre, Kempston. This freed a number of places in the original Centre, and allowed the admission for the first time of a number of other older boys and men. By re-arrangement of the allocation of classroom space in the original Centre, further additional junior places were made available. In the short time since it came into operation, considerable progress has been made in this workshop unit, confirming previous experience noted in the 1961 Report in respect of the opening of the Workshop in South Bedfordshire.

With longer experience and better use of space, the numbers attending the Men's Training Workshop at Kirby Road, Dunstable, were increased and additional power machinery (combined power saw, lathe, planer, thicknesser, etc.) was installed. This extended the scope of work available. While a great many articles are produced and sold (picnic chairs and tables, kitchen cabinets, rubber-link mats, seed-boxes, bundled firewood, and bath mats) the emphasis is still on learning to work rather than on production as such.

The Borough of Luton is in an advanced stage of planning for a 120-place adult Workshop for both sexes to be erected on a site already approved within the Borough. It has been agreed between the two Authorities that the Borough will provide places for adults for both its own area and the southern County Districts, while the County's mixed centre at Ridgeway Avenue will reciprocate in respect of juniors.

A 75-place adult Workshop (extendable to 90 places) for both sexes is planned for North Bedfordshire, in or near Bedford, work to begin in 1963/64. A site has just been acquired.

Table XXXII shows the number attending each of the Centres at the end of the year. The Table also shows details of the numbers for whom places need to be provided. Altogether 216 persons were known and regarded as suitable for Training Centres and of these 135 were 16 years of age or over. This last group will automatically increase to 160 by 1965, to 190 by 1970 and by 1974 all those now known will be needing adult places. Present planning should meet this need almost completely and the places thus freed in the Junior Centres will be available to meet the foreseeable demand of newly-reported cases for junior places.

TABLE XXXII—SEX-AGE DISTRIBUTION OF MENTALLY SUBNORMAL PERSONS ATTENDING TRAINING CENTRES AT 31ST DECEMBER, 1962, TOGETHER WITH NUMBERS WAITING FOR PLACES

	Under 16		16+		All ages		
	M.	F.	M.	F.	M.	F.	T.
NORTH BEDS. CENTRE from Bedford Borough .. ,, County area ..	11	5*	5	7	16	12	28
	11	5	5	6*	16	11	27
	22	10*	10	13*	32	23	55
SOUTH BEDS. GEORGE AVENUE from Luton Borough .. ,, County area ..	16	10	—	15	16	25	41
	9	5	—	5	9	10	19
	25	15	—	20	25	35	60
SOUTH BEDS. KIRBY ROAD from Luton Borough .. ,, County area ..	1	—	14	—	15	—	15
	2	—	11	—	13	—	13
	3	—	25	—	28	—	28
Total attending in County .. ending Centre in Northants.	50	25	35	33	85	58	143
	—	—	1	—	1	—	1
WAITING LIST							
Bedford Borough .. West of North Beds. .. Luton Borough .. West of South Beds. ..	—	—	3	4	3	4	7
	2	1	8	16	10	17	27
	1	1	12	11	13	12	25
	—	1	6	6	6	7	13
Total waiting ..	3	3	29	37	32	40	72

*1 part time in each Group.

The present Centres are open from 10.0 a.m. to 3.30 p.m. Mondays to Fridays during normal school terms. Teaching staff is on a ratio of 1 : 15 approximately, with additional help in the youngest age-groups. Those attending are at present conveyed to and from the Centres by coach and a mid-day meal is provided through the School Meals Service.

A programme of social training is being planned to include the use of public transport by those able to do so, and it is hoped that most of those attending the new Adult Centres will travel by this

means. Some re-arrangement of hours of attendance and holidays will be made. Meals will probably be cooked on the premises.

Home Teaching

It has not been possible to resume the Home Teaching service, and planning for the provision of Centre places has been modified to include all mentally handicapped persons suitable and able to attend a Centre wherever they may live in the County. Nevertheless, even when these plans come to fruition there will remain a need for at least one Home Teacher for a number of mentally handicapped persons (at present 9 males and 12 females) who by reason of physical or emotional disabilities would be precluded from attending a Centre.

Voluntary Societies

There are now in the County four Societies for Mentally Handicapped Children—Bedford and District; Biggleswade and District; Luton; and Dunstable and District—all of which are affiliated to the National Society for Mentally Handicapped Children. Two Clubs for the mentally handicapped—one in Bedford and one in Luton—are provided under the direction of independent, voluntary committees, sponsored and supported respectively by the Bedford and District and Luton Societies for the Mentally Handicapped. In addition, the Societies have been very active and have made substantial contributions to the welfare of the mentally handicapped. They have made gifts of apparatus, etc., to the Training Centres, and have joined together to provide holidays at the seaside and other outings for children and their parents.

The Authority work in close and harmonious association with the Societies and have co-opted on to the Mental Health Sub-Committee two representatives from them. Apart from the results of the practical work which the Societies do, it has been found that other less tangible benefits ensue. Parents find in the Societies mutual support which helps to relieve anxieties and break down the feeling of isolation which is so marked a feature of these families. A great deal of very good work has also been done by the Societies in bringing the problem of mental handicap to the notice of the public, enlisting their sympathy and understanding and breaking down fears and prejudices.

HEALTH EDUCATION

There are three aspects of health education. In the first place there is the imparting of knowledge. But knowledge alone will not lead to good health unless there is the right attitude, so that attitudes may need to be changed. Thirdly, the knowledge needs to be acted upon which means that behaviour must be influenced. In some cases (e.g. immunisation) behaviour may be influenced as a result of know-

edge without there necessarily having to be a change of attitude. In other cases (e.g. smoking) all three steps may be required.

Although health education is a function of the Local Health Authority under that section of the National Health Service Act dealing with the prevention of illness, it should not be regarded as having a narrowly limited field of action. It is an integral part of the fabric of social medicine, the aim of which should be to enable each individual to make the most of his natural endowments, physical and mental, so that as far as possible, he is self-reliant and able not only to enjoy life but to cope with difficulties when they occur.

Thus, every member of the Health Department staff who has contact with the public is a health educator to some degree and the most effective results are achieved when all work together as a team. Medical officers, health visitors, nurses, mental welfare officers, etc. all play their part as well as the Health Education Officer. In fact, one of the latter's main functions is to provide material for use by other members of the staff. Much of the work is done by personal contact both in the home and in the clinic, but there is also a steady demand from various groups, particularly women's organisations, for talks and film shows. Most of these groups have evening meetings and many members of the staff give freely of their time.

The Mothercraft and Relaxation Classes to which reference has already been made are well attended and afford an opportunity for systematic and continuous health education. This aspect of the work is growing.

Student teachers are frequent visitors to the County Health Department and are provided with information and material. The Health Education Officer is always willing to assist any of the District Councils in the furtherance of their work in the health field. In addition, health education is undertaken by the Borough Health Committee.

Smoking

Following publication of the Report of the Royal College of Physicians early in the year, the Ministries of Health and Education urged local authorities to use all their channels of health education to make the conclusions of the Report widely known, and to bring home to the public (especially schoolchildren) the dangers of smoking, particularly of cigarettes.

In April, the Ministry of Health produced three crown folio posters. About 180 of each were supplied to a number of the District Councils. In addition, arrangements were made for 100 of each and of the Central Council's large poster to be posted on notice boards throughout the County.

Also, in April, a meeting of the Bedfordshire Head Teachers' Association was addressed on the subject, and the Director of Education in a circular to schools repeated the points made. A further

approach to teachers was made at a meeting of the Bedfordshire County Association of the National Union of Teachers in May.

In the meantime, the Principal of Dunstable College of Further Education arranged with the Secretary of the British Temperance Society to show a film to all the full-time students. Dr. Horace Joules of the Central Middlesex Hospital also spoke to the students and answered questions.

In June, two further posters specially designed for secondary schools and youth clubs were made available to local health and education authorities. After consultation with the Director of Education it was decided to send the posters to all schools at the beginning of the new school year in September. In a follow-up letter to head teachers, the Director drew attention to the facilities available to them from the Health Department. As a result visits were paid by Dr. Darlow and Mr. Guy to six Secondary Modern Schools and by Mr. Guy to one Secondary Modern and one Primary School. Altogether, 18 talks were given using a variety of visual aids.

Copies of the two posters were also sent to Colleges of Further Education and all Youth Clubs. It was understood that the Ministry of Education had sent copies to Training Colleges and Independent Schools, and here again an offer of help from the Health Department was made. Both Training Colleges acknowledged the offer but there was no response from the Independent Schools.

The Chief Medical Officer of the Ministry of Health sought the co-operation of general practitioners in a letter dated the 24th September which was accompanied by two posters for display in waiting rooms. With the issue of new and better posters, this approach was followed up in Bedfordshire with a letter to general practitioners dated the 20th November. This described what was being done locally and had enclosed with it two of the new posters.

Dental Care

Early in the year, the Health Education Officer presented a paper on the subject to the Authority's medical and dental staff. Subsequently this was sent to all head teachers in the County who were asked to help in two ways; firstly, by ensuring that the children received instruction in dental hygiene and secondly, by encouraging the children in reasonable eating habits. Rather than advocate the closing of school tuckshops, it was suggested that they could be used to set a good example by selling hard-crust wholemeal rolls with butter or margarine instead of buns and cakes; potato crisps instead of biscuits; nuts of all types, raw and roasted, salted and unsalted, in place of sweets; raisins, and, where possible, fresh fruits and carrots.

Leaflets and posters were supplied. Much of the material was obtained free of charge from the Oral Hygiene Service and is greatly appreciated.

The launching of the campaign in the schools coincided with the appointment of the two dental auxiliaries and there has been a steady demand from the schools for them to talk to groups of infants and juniors. Altogether, 17 schools were visited during the three months October to December.

Home Safety

The Authority make a contribution to the Royal Society for the Prevention of Accidents and receive information and material from that organisation. There are five voluntary Home Safety Committees in the County and the County Health Department is represented on the Bedford, Biggleswade, Dunstable and Sandy Committees by the Health Education Officer. The other Committee is in Luton. Many talks were given on the subject by the Health Education Officer to various groups, including a course of lectures to St. John Ambulance Brigade cadets. In addition, assistance was given to the Bedford, Biggleswade and Sandy Committees in connection with demonstrations that they staged on the theme "Housework with Ease". The Biggleswade Committee also organised a Fire Prevention Week and once again help was given.

SECTION III

PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS AND OTHER DISEASES

NOTIFIABLE DISEASES

A brief history of the notification of infectious diseases in this country was given in last year's Annual Report, and it was observed that the completeness of notification varies considerably according to the nature of the disease. While a true indication is probably obtained of the incidence of the more serious diseases, in the case of the other diseases the figures tell only part, sometimes only a small part, of the story. Nevertheless, even with partial notification it is possible to follow the trends of the various diseases both in time and place.

Notifications are made to the Medical Officers of Health for the County Districts, and they in turn inform the County Medical Officer.

TABLE XXXIII—NUMBER OF CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES NOTIFIED AND CONFIRMED IN EACH DISTRICT OF BEDFORDSHIRE, 1962

	Amphill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton Buzzard Urban	Luton		Sandy Urban
	Urban	Rural	Borough	Rural	Urban	Rural				Borough	Rural	
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	3	10	47	7	—	2	1	—	7	11	16	4
Whooping Cough	—	53	11	7	—	—	—	—	17	5	33	—
Measles	3	185	303	280	79	401	430	55	78	1,526	608	174
Poliomyelitis—												
Paralytic	—	—	1	—	—	—	—	—	1	2	—	—
Non-Paralytic	—	—	2	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	1	—	—
Meningococcal Infection	—	1	1	—	—	—	—	—	—	1	1	—
Erysipelas	—	2	1	2	—	—	—	—	—	2	—	—
Acute Pneumonia—												
(PPrimary or Infl.)	—	2	27	7	1	6	1	—	7	5	6	—
Glandular Fever	—	—	—	—	—	—	—	—	—	—	1	—
Paratyphoid Fever	—	—	1	—	—	—	—	—	—	—	—	—
Dysentery	—	—	3	5	—	—	—	—	1	10	6	1
Food Poisoning	—	—	1	—	—	—	—	—	2	11	3	—
Infective Hepatitis (in-												
cluding Jaundice)	—	2	4	25	7	—	1	1	—	3	1	—
Puerperal Pyrexia	—	—	91	—	—	—	1	—	—	17	1	—
Ophthalmia Neonatorum	—	—	1	—	—	—	—	—	—	—	—	—
Tuberculosis—												
Respiratory	1	9	47	10	3	13	4	4	10	70	10	—
Meninges and C.N.S.	—	—	—	—	—	3	—	—	—	—	—	—
Other	—	4	12	—	1	2	1	—	3	18	4	—
TOTALS	7	268	553	343	91	427	439	60	126	1,682	690	179

In addition, they submit quarterly returns, in which the figures are corrected for any changes in diagnosis and are, therefore, assumed to relate to confirmed cases. Table XXXIII has been compiled from these quarterly returns.

Diphtheria

In Bedfordshire there has only been one case of diphtheria since 1949 and that was in 1957 when an Italian child became ill and died on return from a holiday in Italy. These figures demonstrate clearly the efficacy of immunisation in this disease and the necessity for ensuring that children are immunised regularly. Details of immunisation are given in Section II of this Report.

Scarlet Fever

Scarlet fever is essentially a disease of childhood but fortunately the majority of cases are very mild. In fact, it is likely that many cases are so mild that they remain undiagnosed and the incidence is probably much greater than the declining number of notifications suggests. The figure of 108 in 1962 compares with 109 and 166 for 1961 and 1960 respectively.

Whooping Cough

Whooping cough is mainly a disease of early childhood and can be extremely distressing. Respiratory complications are not uncommon. The introduction at the end of 1954 of vaccination against the disease (described in Section II) was welcomed by parents. In that year there were 1,103 cases notified. Since then there has been a considerable decline, the average number of notifications over the last five years being 203. The actual number in 1962 was 126.

Measles

Although it is customary to say that an epidemic of measles occurs every two years, this periodicity has not been evident in the figures for Bedfordshire for many years. For one thing, the disease does not occur in all parts of the County at the same time; for another, the annual figures take no account of an epidemic which carries on from one year to the next. Thus, the 4,122 notifications in 1962 followed 5,223 in 1961. An examination of the quarterly figures for the individual districts shows that an outbreak in Luton Borough at the end of 1960 continued into 1961 with 1,222 cases notified in the first quarter. This was followed by a further epidemic at the end of 1962 with 1,319 cases notified in the last quarter and continuing into 1963. Luton Rural District followed the same pattern. Bedford Borough, on the other hand, had an outbreak in the winter of 1960-61 with 1,276 cases in the first quarter of 1961 and only a minor outbreak with 222 cases in the third quarter of 1962. The 1960-61 epidemic in Dunstable was rather earlier and only 73 cases occurred in the first quarter of 1961. There were, however, 9 notifications in the last quarter of 1962.

Poliomyelitis

The introduction of poliomyelitis vaccination (see Section II) has been accompanied by a decline in the number of cases of this disease. Four paralytic and two non-paralytic cases were confirmed. Two of the paralytic cases were pre-schoolchildren, one of whom had been vaccinated two years before. The remaining cases were in unvaccinated adults, one of whom died.

Infective Hepatitis

In order to facilitate the work of a committee appointed by the Medical Research Council, "jaundice" was made compulsorily notifiable in November, 1943, in the region roughly comprising East Anglia, and including Bedfordshire. "Jaundice" in this context covers catarrhal jaundice, acute inflammation of the liver, acute necrosis of the liver, toxic jaundice and infective jaundice. Experience in Luton Borough suggests that only 10 per cent of cases are notified. The number of cases notified annually in the County is given in Table XXXIV, together with the figures for Bedford and Luton Boroughs.

TABLE XXXIV—NUMBER OF CASES OF "JAUNDICE" IN BEDFORD AND LUTON BOROUGH AND WHOLE COUNTY, 1944-62

Year	Whole County	Bedford	Luton
1944	131	52	48
1945	108	14	71
1946	29	7	20
1947	34	8	12
1948	47	8	27
1949	69	29	12
1950	146	102	6
1951	65	32	4
1952	29	16	3
1953	26	16	2
1954	81	9	9
1955	59	7	41
1956	223	95	101
1957	173	112	32
1958	30	9	8
1959	18	6	4
1960	24	2	11
1961	120	3	7
1962	44	4	3

TUBERCULOSIS

Although, in the last twenty years, there has been a drastic reduction in the mortality from tuberculosis and it is now possible to render the majority of cases of respiratory tuberculosis non-infectious in a comparatively short time, there has been no comparable reduction

the incidence of the disease and it seems that there is still much undetected infection, especially among men over 45 years of age. In Bedfordshire, the Chest Clinics do all they can by following up all contacts, not only of notified cases but of cases coming to light posthumously. The Mass Radiography Unit provided by the Regional Hospital Board visits various parts of the County periodically. The various factories and other employers of labour are very co-operative providing facilities for employees to be X-rayed. Public sessions are also held and these are reasonably well-attended.

The section of the population most susceptible to infection seems to be that aged 15 to 24 years. To protect them against infection, B.C.G. vaccination is available in the last year at school or college. Vaccination is also offered by the Chest Clinics to suitable contacts of tuberculous patients. Full details are given in Section II.

The number of new cases of respiratory tuberculosis notified in 1962 was 181. Cases of non-respiratory tuberculosis numbered 48. Table XXXV shows the numbers of cases of respiratory and non-respiratory tuberculosis notified in males and females each year since 1950. The number of notifications of respiratory tuberculosis was higher both in males and females than in 1961 when the number of new cases was the lowest on record. Non-respiratory tuberculosis is much less prevalent but there has been no marked improvement during the past thirteen years. It is more common in females.

There are still a few cases of tuberculosis that only become known to the Medical Officer of Health after death has occurred and the disease is mentioned on the death certificate. The reasons for non-notification are always investigated.

TABLE XXXV—NUMBER OF NEW CASES OF RESPIRATORY AND NON-RESPIRATORY TUBERCULOSIS NOTIFIED 1950-62, SUBDIVIDED ACCORDING TO SEX

	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
1950	256	137	393	25	25	50
1951	188	123	311	29	47	76
1952	213	168	381	14	32	46
1953	197	135	332	23	26	49
1954	135	105	240	17	24	41
1955	159	106	265	18	34	52
1956	109	74	183	19	22	41
1957	120	87	207	10	17	27
1958	118	96	214	10	17	27
1959	133	53	186	10	14	24
1960	147	72	219	15	28	43
1961	88	48	136	15	23	38
1962	119	62	181	19	29	48

From Table XXXVI it will be seen that at the end of 1962 there were 2,015 cases of respiratory and 313 cases of non-respiratory tuberculosis on the Registers of the Chest Clinics.

TABLE XXXVI—NUMBER OF MEN, WOMEN AND CHILDREN WITH RESPIRATORY AND NON-RESPIRATORY TUBERCULOSIS ON THE CHEST CLINIC REGISTERS AT 31ST DECEMBER, 1962

	BEDFORD		LUTON		TOTAL	
	Resp.	Non-resp.	Resp.	Non-resp.	Resp.	Non-resp.
Men ..	450	38	649	54	1,099	92
Women	295	65	438	94	733	159
Children	58	13	125	49	183	62
Total	803	116	1,212	197	2,015	313

VENEREAL DISEASES

Venereal diseases are not notifiable and it is not possible to ascertain accurately the incidence of the various conditions within the County. Diagnosis and treatment are the responsibility of the Regional Hospital Board and Special Clinics are held at Bedford General Hospital (South Wing) and Luton and Dunstable Hospital. It is known that some Bedfordshire residents seek treatment at Clinics outside the County but the number is probably small. There is reason to believe that much of the infection is contracted outside the County.

The numbers of new cases of venereal disease presenting themselves to the two Special Clinics each year since 1950 are given in Table XXXVII. Cases of re-infection after successful treatment are counted as new cases but cases which have already been seen elsewhere are not. The picture generally is of a decline in cases from 1950 to 1955-56 and an increase since then.

After the high number of males with syphilis in 1950, the figure has remained fairly constant, with the majority attending at Luton. There has been some decline in the number of females with syphilis who seek treatment but it is uncertain whether this betokens a diminished incidence of infection.

Most of the cases of gonorrhoea are males and there has been a marked increase in the incidence of the disease since 1956. The majority of cases attended the Luton Clinic but there was a sudden

TABLE XXXVII—NEW CASES OF VENEREAL DISEASE TREATED AT
SPECIAL CLINICS IN BEDFORDSHIRE, 1950-62

	Syphilis		Gonorrhoea		Other Conditions	
	M.	F.	M.	F.	M.	F.
1950	57	39	113	33	261	192
1951	19	31	79	18	244	198
1952	27	31	60	23	228	176
1953	21	23	55	28	249	173
1954	21	11	50	26	284	152
1955	12	14	53	30	233	188
1956	12	17	47	12	250	149
1957	18	10	96	16	258	121
1958	20	12	120	25	298	109
1959	17	10	135	21	325	133
1960	14	16	202	39	376	171
1961	23	13	225	50	476	245
1962	12	10	277	35	425	250

mp (from 58 to 107) in 1962 in the number of males attending the Bedford Clinic.

It will be seen that the majority of cases who attend the Clinics are suffering from other conditions and again there is a preponderance of males. This is partly attributable to non-gonococcal urethritis.

Many of the patients who consult the clinics are not suffering from venereal diseases but a lot of them have taken risks and are anxious. Whilst it is good to know that they have the sense to seek immediate advice in the proper quarter, the figures undoubtedly indicate a growth in promiscuity.

SECTION IV

INSPECTION AND SUPERVISION OF FOOD

INSPECTION AND SUPERVISION OF FOOD

Under the Food and Drugs Act, 1955, the County Council are the Food and Drugs Authority for the Administrative County less the Boroughs of Bedford and Luton and are responsible for enforcing those provisions of the Act designed to secure that food intended for human consumption is not so treated as to render it injurious to health; that drugs are not adulterated; that no food or drug is falsely labelled or advertised; that milk intended for sale for human consumption is not adulterated or misrepresented; and that there shall be no misuse of the designation "cream". In addition, the Council have a duty throughout the County to prohibit the sale of milk from diseased cows. All the other provisions of the Act are enforced by the district councils. During the year, the inspection and supervision of food was undertaken in the County area by the County Health Inspector, assisted by a Milk Sampling Officer.

As a Food and Drugs Authority, the County Council are required by law to appoint a public analyst to whom samples taken for analysis shall be submitted. Mr. J. S. Lea, B.Sc., F.R.I.C., of London, is part-time County Analyst, and Mr. J. H. E. Marshall, M.A., F.R.I.C., also of London, is Deputy County Analyst.

The Food and Drugs Act also affects the County Council in their capacity as caterers on a considerable scale. Thus the school meals service is subject to the provisions of the Act and the Food Hygiene (General) Regulations, 1960. The Health Department co-operates with the Departments concerned to ensure that catering arrangements comply with the statutory requirements.

SPECIALLY DESIGNATED MILK

There are three special designations for milk—pasteurised, sterilised and tuberculin tested—and as the whole of Bedfordshire is a specified area as defined in the Food and Drugs Act, 1955, all milk sold by retail in the County must be specially designated.

Under the Milk (Special Designation) Regulations, 1960, the County Council are responsible for licensing dealers in milk. The standard of the County milk supply continues to be satisfactory, and there has been no necessity for prosecutions under the Regulations. The number of farms producing non-designated milk continues to decrease.

QUALITY OF MILK

Samples of milk are taken in order to ensure that the consumer receives milk that has not been adulterated either by the extraction of fat or by the addition of water. The law presumes, until the contrary is proved, that milk is not genuine if it contains less than 3 per cent of milk-fat or less than 8.5 per cent of milk solids other than fat. The presumptive standard of milk-fat is low and most milks

have a much higher fat content. Thus the average for all unadulterated samples taken in 1962 was 3.96 per cent, as shown in Table XXXVIII. Excluding Channel Islands and South Devon milk, the average was 3.73 per cent.

TABLE XXXVIII—MONTHLY AVERAGE FAT CONTENT OF UNADULTERATED SAMPLES OF MILK, 1962

	Channel Islands and South Devon Milk		Other Milk		All Milk	
	No. of samples	Milk fat %	No. of samples	Milk fat %	No. of samples	Milk fat %
January ..	8	4.86	24	3.81	32	4.07
February ..	10	4.88	19	3.83	29	4.19
March ..	6	4.70	28	3.60	34	3.79
April ..	7	4.50	19	3.67	26	3.89
May	7	4.50	25	3.70	32	3.88
June	1	4.30	19	3.55	20	3.58
July	5	4.34	16	3.84	21	3.96
August ..	3	4.33	7	3.80	10	3.95
September ..	4	4.43	19	3.66	23	3.80
October ..	6	4.70	14	3.69	20	3.99
November ..	5	4.95	13	3.96	18	4.24
December ..	3	5.05	6	3.67	9	4.13
TOTALS ..	65	4.63	209	3.73	274	3.96

The term "Channel Islands and South Devon milk" covers any milk described as Channel Islands, Jersey, Guernsey or South Devon which comes from cows of the breed specified. Under the Milk and Dairies (Channel Islands and South Devon) Milk Regulations, 1956, it is an offence to sell for human consumption, any milk so described unless it contains at least 4 per cent of milk-fat. Table XXXVIII shows the monthly fat content of samples of Channel Islands and South Devon milk taken during 1962.

Altogether 287 samples of milk were taken, of which 13 were abnormal. In two cases the milk contained extraneous water, four samples were deficient in milk-fat and solids-not-fat, and the remaining samples were deficient in fat only. Appropriate action was taken.

EXAMINATION OF PASTEURISED MILK

To determine the efficiency of pasteurisation and the keeping quality of milk, samples are examined regularly from retailers supplying milk to the 162 maintained schools in the County (excluding Bedford and Luton) and from pasteurising plants. During the year, 245 routine samples from schools were taken, ten of which were unsatisfactory. Further samples were taken which were satisfactory. Of 68 routine samples taken from pasteurising plants, two were unsatisfactory. Further samples taken proved satisfactory.

BIOLOGICAL EXAMINATION OF MILK

Since the 1st October, 1959, Bedfordshire has been an Attested Area, which means that tuberculosis is practically non-existent in cattle in the County. There is always a possibility of tuberculosis re-appearing in a Tuberculin-Tested herd and to guard against this, the Ministry's veterinary officers undertake periodical inspections. In addition, the County Milk Sampling Officer takes samples from the herds of producer-retailers. 117 samples of milk were taken during the year and tested by Guinea Pig inoculation. All were found to be satisfactory.

ICE-CREAM

The manufacture and sale of ice-cream are controlled by the Food Standards (Ice Cream) Regulations, 1959, and the Labelling of Food (Amendment) Regulations, 1959. Samples are taken to ensure that ice-cream offered for sale complies with both sets of Regulations.

During 1962, 32 samples of ice-cream and six of dairy ice-cream were taken and were found to be satisfactory. It is of interest to record that the fat content of the 38 samples ranged from 7.9 per cent to 13.6 per cent, with an average of 10.6 per cent.

During the year, 44 samples of ice-cream were presented to the Public Health Laboratory Service for bacteriological examination. They were graded as follows :

Grade 1	...	...	...	...	...	...	43
Grade 2	...	...	...	...	...	...	1
Grade 3	...	...	...	...	...	...	—
Grade 4	...	...	...	...	...	...	—

Samples in Grades 1 and 2 are considered satisfactory. Samples falling into categories 3 and 4 are regarded as unsatisfactory.

SAMPLES OTHER THAN MILK AND ICE-CREAM

112 formal and 61 informal samples of food and drugs, other than milk and ice-cream, were taken during the year. Of these, two formal and seven informal samples were adulterated, particulars of which are given in Table XXXIX.

In addition to routine sampling, complaints by members of the public are investigated and proceedings instituted where necessary.

MERCHANDISE MARKS ACTS

676 routine visits were made to premises and samples were taken where necessary. Of these, 14 proved to be unsatisfactory and warnings were given in each case.

TABLE XXXIX—DETAILS OF ADULTERATED SAMPLES OF FOOD, WITH ACTION TAKEN, 1962

Article	Sample No.	Nature of adulteration or irregularity	Action taken
Line, Tincture of	2571 (Informal)	See Sample No. 2600	
Line, Tincture of	2600	Excess of iodine and potassium iodide caused by prolonged storage	As business had been sold, no further action was taken.
usages, Pork	2566 (Informal)	Contained 275 parts sulphur dioxide per million undeclared	Formal sample taken which was satisfactory.
usages, Pork	2862 (Informal)	Contained 263 parts sulphur dioxide per million undeclared	Do.
usages, Pork	3059 (Informal)	Contained 160 parts sulphur dioxide per million undeclared	Do.
sage Meat, Pork	2802 (Informal)	Deficient in meat content to extent of 15.3%	Formal sample to be taken.
sages, Pork	2877	Proportion of fat excessive	Further samples taken which were satisfactory.
sages, Beef	2878 (Informal)	Proportion of fat excessive	Further samples taken which were satisfactory.
amed Rice Milk Pudding	2889 (Informal)	Wrongly labelled. Ingredients of pre-packed food must be listed in order of proportion of contents	Further samples taken which were satisfactory.

WASTE FOODS

Waste Foods may, if not boiled for one hour, spread foot and mouth and other diseases. The Diseases of Animals (Waste Foods) Order, 1957, makes it necessary for substantial collectors of waste foods to obtain a licence imposing on them an obligation to use an approved boiling plant which would be periodically inspected.

The licensing authorities in Bedfordshire are the Bedford and Luton Borough Councils, and the County Council for the remainder of the County. The County Health Inspector and the Sampling Officer have been authorised to act on behalf of the County Council for the purpose of inspecting plant and equipment. The number of licences in force at the 31st December, 1962, was 43. All the premises were inspected during the year.

SECTION V

MISCELLANEOUS

BLIND PERSONS

Under the National Assistance Act, 1948, the Welfare Committee of the County Council is responsible for the welfare of blind persons in the County, but in Bedford and Luton the responsibility has been delegated to the respective Borough Councils.

Before a person is admitted to the Blind Persons Register he is examined by an ophthalmic specialist who completes a form B.D.8. Forms B.D.8 in respect of 84 blind persons who were registered in Bedfordshire in 1962 have been examined and details are given in Table XL. Reference to Table XLI shows that of the 683 registered blind persons in the County at the end of the year, 403 or 59.0 per cent were aged 70 years or over.

A great many of the persons registered as blind give no history of any previous treatment for their eye condition. In some cases, of course, advice is not sought until the sight has almost failed. In the case of glaucoma, for instance, one eye sometimes becomes completely blind without the patient realising it and he only becomes aware of the fact when the other eye becomes seriously affected. The incidence of blindness could undoubtedly be reduced and the following points taken from a Ministry of Health memorandum indicate ways in which this could be done :

1. Prompt attention should be given to any child who squints. No child is too young for the modern methods of treatment, the aim of which is not merely to get the eye straight but seeing and functioning in binocular vision.
2. The old teaching that no operation can be done until a cataract is "ripe" is no longer valid and modern methods of surgery enable the cataract to be removed, as soon as vision is seriously reduced. Every effort should be made, therefore, to ensure diagnosis at the earliest possible moment.
3. All doubtful cases of visual disability, however vague and indeterminate, should be referred for expert ophthalmological opinion.
4. All myopic children should be kept under supervision.
5. Industrial workers engaged in processes where there are hazards to the eyes (e.g. welding and grinding) should always use goggles or other protection provided.

One infant was notified as suffering from *Ophthalmia Neonatorum* during the year. This transpired to be a blocked tear-duct, however, and the condition rapidly cleared.

NURSING HOMES

Under the Public Health Act, 1936, the County Council are the responsible authority for the registration and supervision of nursing homes, but under Section 194 of the Act their powers and duties in

TABLE XL—CAUSES OF BLINDNESS IN CERTAIN PERSONS
REGISTERED IN BEDFORDSHIRE, 1962, AND TREATMENT RECOMMENDED

	Cause of Disability						Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Diabetes	Senile Macular Degen.	Other	
No. of cases in which no treatment recommended	15	11	1	2	16	19	64
No. of cases in which treatment recommended:							
(i) Medical	—	1	—	1	—	1	3
(ii) Surgical	15	1	—	—	—	—	16
(iii) Optical	—	—	—	—	1	—	1
No. of cases who received treatment:							
(i) Medical	—	1	—	1	—	1	3
(ii) Surgical	7	1	—	—	—	—	8
(iii) Optical	—	—	—	—	1	—	1

TABLE XLI—AGE DISTRIBUTION OF REGISTERED BLIND PERSONS IN BEDFORDSHIRE AT THE 31ST DECEMBER, 1962

	0-4		5-15		16-29		30-39		40-49		50-59		60-69		70-79		80-89		90+		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Bedford M.B.	—	—	3	2	1	1	2	1	4	2	6	2	8	15	9	34	9	31	1	4	43	92
Luton M.B.	2	—	2	—	6	1	13	7	8	7	12	4	21	12	18	31	16	20	2	4	100	86
County Area	2	1	5	3	3	4	7	3	18	6	20	14	24	28	41	70	27	67	4	15	151	211
TOTALS	4	1	10	5	10	6	22	11	30	15	38	20	53	55	68	135	52	118	7	23	294	389

pect of premises in Bedford and Luton are delegated to the respective Borough Councils. At the end of 1962 there were eight Nursing Homes registered in Bedfordshire, providing accommodation for seven maternity and 90 other patients.

NURSES AGENCIES

There is only one Agency in the County and it is licensed and supervised by the County Council under the Nurses Agencies Act, 1977.

SWIMMING BATHS

Eleven swimming baths in the County are approved for the use of schoolchildren, of which three are in Bedford Borough, two in Luton Borough and two in Dunstable Borough. In addition, there is a swimming bath at the Council's residential Special School at Margaret's, Great Gaddesden, Hertfordshire. During the year, 1962, samples of water were taken in Bedford and Luton Boroughs by the Local Public Health Inspectors and from other baths by the County Public Health Inspector. Altogether the latter took 23 samples.

In addition, there is one private bath for the sole use of Hawnes School, Haynes, and one private bath at Aspley Guise used by local schoolchildren at the invitation of the owner.

ATMOSPHERIC POLLUTION

Since 1958 the brickwork kilns have been under the supervision of the Alkali Inspectorate of the Ministry of Housing and Local Government. During 1962 in the County the Brick Companies continued to co-operate with the Inspectorate in research designed to reduce pollution from the brickworks.

As far as atmospheric pollution generally is concerned, a five-year regional survey is being undertaken by the Warren Spring Laboratory of the Department of Scientific and Industrial Research, and Bedford and Luton Boroughs and Luton Rural District are co-operating in this work. So far only two local authorities in Bedfordshire have taken action under the Clean Air Act, 1956, to make Smoke Control Orders. These are Bedford and Luton Boroughs.

THE CIVIL DEFENCE AMBULANCE AND FIRST-AID SECTION

The Civil Defence Ambulance and First-Aid Section will be mobilised in case of war and will be linked with the peace-time ambulance service provided by the Authority under the National Health Service. The Section has as its Head the County Medical Officer and he is responsible for its organisation and for the training of volunteers.

Although Luton is a separate Corps Authority they were not made responsible for the organisation of the Ambulance Section. It was agreed, however, that the Medical Officer of Health for Luton should be responsible for the training of volunteers after they had been recruited by the Civil Defence Officer.

In order to provide the necessary training certain members of the County Ambulance Service have undertaken an Instructors' Course and become qualified to train volunteers in accordance with the syllabus laid down by the Home Office. The County Ambulance Superintendent plays an important part in the organisation of the Section and training of volunteers and is the liaison officer between the Head of the Section and the volunteers.

On the 12th July, 1962, the Home Office Civil Defence Department issued Circular CDC 18/62 on the Re-organisation of the Civil Defence Corps. This circular stated that a re-appraisal of the functions and structure of the Corps had demonstrated the need for more highly trained volunteers of good quality able to provide leadership in the tasks which would fall to Civil Defence in war. With this end in view the Home Office produced a plan of Conditions of Service for members of the Corps, which briefly amounts to the creation of categories to which each volunteer may be allotted according to his or her ability. Category "A" involves intensive training obligations for which an annual bounty is payable. Category "B", for which no bounty is payable, also involves training but this amounts to less than Category "A". Volunteers who do not attain to the above categories, or are unable to do much training for personal reasons, may join the reserve. This has had the effect of removing all of those volunteers who for various reasons have done little training.

Twenty volunteers from Sandy, Biggleswade, Bedford and Ampt-hill have passed the Gold Star Test which enables them to enter for Officer or Sub-Officer rank in the Ambulance and First Aid Column. Most of the remaining volunteers will have to pass a Standard Test before entering for the Gold Star Test.

Valuable assistance and co-operation from the staff of the Civil Defence Headquarters at Kempston Manor, and from the delegated areas of Bedford, Dunstable, Luton Rural, Leighton Buzzard and Biggleswade, continues and this is much appreciated.

Refresher driving practice still continues and with the addition of more Civil Defence ambulances this driving practice will be available to more volunteers who are able to comply with the terms laid down.